ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID
NURSING HOME INFORMATION

CALIFORNIA

Part 3

NAPA to SAN FRANCISCO

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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Pt. 3

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

CALIFORNIA

Part 3

NAPA TO SAN FRANCISCO

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, Go

DEPARTMENT OF HEALTH SERVICES

LICENSING AND CERTIFICATION
Program Description

Licensing and Certification (L&C) regulates licensed public and private health facilities, clinics, agencies, and centers throughout the State. These facilities include in excess of 5,000 General Acute Care and Psychiatric Hospitals, Specialty Clinics, Intermediate Care Facilities, 3 types of Intermediate Care Facilities for the Developmentally Disabled, Skilled Nursing Facilities, Home Health Agencies, Referral Agencies, Adult Day Health Centers, Primary Care Clinics, Chemical Dependency Recovery Hospitals, Ambulatory Surgical Centers, Comprehensive Outpatient Rehabilitation Facilities, Psychiatric Health Facilities and Psychology Clinics, The program also certifies individuals as Nurse Assistants, Home Health Aides and Hemodialysis Technicians. To accomplish these activities, the program develops, implements and enforces health care standards and certifies facilities that participate in the Title XVIII (Medicare) and/or Title XIX (Medi-Cal) programs. L&C maintains an inventory of health care providers; evaluates and reports on services and condition of facilities; cites deficiencies and issues penalties; approves plans for correction; issues, denies, or revokes licenses; and controls performance of other public agencies, and agents under contract for these activities. Certain services are delegated to the State Fire Marshal, Laboratory Field Services, and the Los Angeles County's Department of Health Services under contractual agreements.

The program's Field Operations Branch, through 3 Regional Offices and 11 District Offices (as well as Los Angeles county under a contract) carries out the health facilities, clinics, agencies and centers licensing responsibilities of the Department by issuing licenses, maintaining the mandated standards of care through periodic inspections, and complaint investigations.

The Branch also conducts surveys of providers and suppliers participating under the Federal Social Security Act, and recommend to the Bureau of Health Standards and Quality (HSQ), certification or non-certification of providers and suppliers participating under Title XVIII of the Act, and, through the Division's Provider Certification Section, certifies, or refuses certification of providers participating under Title XIX of the Act.

Recent legislation has established several enforcement systems including a citation/violation system for long-term care facilities major sanctions are classified below:

a. Class "AA" Citations

Violations which have resulted in the direct proximate cause of a patient's death in a long-term care facility. Penalties range from $5,000-$25,000.

b. Class "A" Citations

Violations which are determined to present imminent or the substantial probability of danger, death, or serious harm to a long-term care patient.

Penalties range from $1,000 to $10,000.

c. Class "B" Citations

Violations which are determined to have a direct or immediate relationship to the health, safety, or security of long-term care patients or a violation of patient's rights.

Penalties range from $100 to $1,000 but may not be collectable if the violation is corrected within a specific period of time.

d. Willful Material Falsification (WMF)

This violation means an entry in the patient's health care record pertaining to the administration of medication, or treatments ordered for the patient or pertaining to services for the prevention/treatment of decubitus ulcers/contractures, or pertaining to tests and measurements of vital signs, or notations of input/output of fluids which were made with the knowledge that the records falsely reflect the condition of the patient or care/services provided.

Civil penalties may be assessed up to $10,000.

e. Willful Material Omission (WMO)

This violation means the willful failure to record any untoward event which has affected the health, safety or security of the patient and which was omitted with the knowledge that the records falsely reflect the condition of the resident or care/services provided.

Civil penalties may be assessed up to $10,000.

f. Retaliation/Discrimination

No licensee shall discriminate or retaliate in any manner against a patient or employee for filing or initiating a grievance or complaint or cooperating in any complaint investigation or proceeding. Any attempt to expel a patient or terminate an employee under specified conditions is considered to be a violation of Section 1432 of the Health and Safety Code.

Willful infraction of this code is subject to penalties of not more than $10,000.

District Office	County	District Office	County
District Administrator 8885 Rio San Diego Drive San Diego, CA 92120 Phone No.: (619) 237-7781 Toll-Free (800) 824-0613	Imperial San Diego	District Administrator 1836 S. Commercenter Circle San Bernardino, CA 92408 Phone No.: (714) 383-4777	Inyo Mono Riverside San Bernardino
District Administrator 50 D Street, Room 330 Santa Rosa, CA 95404 Phone No.: (707) 576-2380 Toll-Free (800) 554-0349	Del Norte Humboldt Lake Mendocino Napa Solano Sonoma	District Administrator 530 E. Montecito, Ste 103 Santa Barbara, CA 93103 Phone No.: (805) 564-1247 Toll-Free: (800) 547-8267	Kern San Luis Obispo Santa Barbara Ventura
District Administrator 2422 Arden Way Building "B", Suite 35 Sacramento, CA 95825 Phone No.: (916) 92-6851 Toll-Free (800) 554-0354	Alpine Amador Calaveras El Dorado Placer Sacramento San Joaquin Stanislaus Tuolumne Yolo	District Administrator 2151 Berkeley Way Berkeley, CA 94704 Phone No.: (415) 540-2417 Toll-Free: (800) 554-0352	Alameda Contra Costa
District Administrator 1074 East Ave., Suite K Chico, CA 95926 Phone No.: (916) 895-6711 Toll-Free: (800) 554-0350	Butte Colusa Glenn Lassen Modoc Nevada Plumas Shasta Sierra Siskiyou Sutter Tehama Trinity Yolo	District Administrator 100 Paseo de San Antonio, Suite 235 San Jose, CA 95113 Phone No.: (408) 277-1784 Toll-Free: (800) 554-0348	Monterey San Benito Santa Clara Santa Cruz
District Administrator 939 Market St., Rm 101 San Francisco, CA 94103 Phone No.: (415) 557-1711 Toll-Free (800) 554-0353	San Francisco San Mateo Marin	District Administrator 666 West Shaw, Suite 185 Fresno, CA 93704 Phone No.: (209) 445-5168 Toll-Free: (800) 554-0351	Fresno Kings Madera Mariposa Merced Tulare
District Administrator 28 Civic Center Plaza, Room 850 Santa Ana, CA 92701 Phone No.: (714) 558-4001 Toll-Free (800) 228-5234	Orange	Chief Health Facilities Division County of Los Angeles 313 North Figueroa Street, Room 317 Los Angeles, CA 90012 Phone No.: (213) 974-7873 Toll-Free: (800) 228-1019	Los Angeles

Department of Health Services

The time may arise when you question the care, services, or environment of a nursing home. Usually, the first step in resolving such a problem is to speak directly to the nursing home administrator or to the director of nursing. If you are unable to bring about a satisfactory resolution of the problem, and you feel the problem is serious, you should write or call the Department of Health Services' Licensing Field Office in your locality regarding the incident or condition. California nursing home regulations provide that citations can be issued to nursing homes which violate licensing regulations. Fines can be as high as $25,000 depending on the seriousness of the violation.

The complaint should be as detailed as possible including a description of specific incidents, times, dates, and names of persons involved. Include your name, address, and telephone number so the Department can contact you. The Department will make an on-site inspection within ten days. The inspection will be unannounced and the evaluator will not disclose the name of the person who initiated the complaint if the complainant requests anonymity. The complainant may accompany the evaluator during the investigation. A serious, life-threatening complaint should be phoned in and will be investigated immediately.

A nursing home operator who discriminates or retaliates in any way against an employee or patient for complaining may be fined. An operator who discharges a patient within 120 days of a patient's complaint can also be fined unless the nursing home can prove that the discharge had nothing to do with the complaint.

Every nursing home must post a copy of its latest licensing survey report, along with the plan of correction, for all deficiencies noted in its most recent survey. If the problems are not corrected, the facility could be in jeopardy of losing its license and/or Federal certification.

To file a complaint simply call or write the Licensing and Certification Office nearest you. "800" toll-free numbers have been established in each district office to make it easier for the public to file a complaint. The number is listed in telephone directories throughout the State in the summary of state offices located in the front of telephone directories and in the yellow pages under hospitals and nursing homes. The addresses and telephone numbers of all district offices are included as an Appendix to this booklet.

California Ombudsman Program

The California Ombudsman program, instituted in 1978 as part of the federal Older American's Act, is operated through the California Department of Aging. The primary purpose of the program is to investigate complaints on behalf of long-term care facility patients and to monitor the direction of legislation with the goal of assuring the rights of patients.

The normal procedure of an ombudsman is to try to settle patient-facility problems in-house. A misunderstanding of issues, procedures, and regulations is a common problem and cause of many of the concerns of patients and families. Medical attention, diet, therapy, bathing, and other areas of personal care or lack of it represent the majority of calls handled by the ombudsman. Facility staffing and quality of staff are other subjects of concern to family members.

The Department of Aging has divided the State into district Planning and Service Areas (PSAs). Presently there are 33 PSAs designated to manage and monitor the services available for seniors at the local level. Appendix B of this booklet lists the location of ombudsman offices throughout the State if you need to call them.

PSA 1—Humboldt, Del Norte Counties

Redwood Ombudsman
1910 California Street
Eureka. CA 95501
(707) 443 9747

PSA 2—Lassen, Modoc, Shasta. Siskiyou, Trinity Counties

Ombudsman Program/Senior Legal
Center
P.O. Box 506
2120 Pine Street
Redding, CA 96099
(916) 243-3209

PSA 3—Butte, Colusa, Glenn, Plumas, Tehama Counties

Ombudsman Program/Family
Service Agency
677 East 7th Avenue
Chico, CA 95926
(916) 891-1745

PSA 4—Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba Counties

Senior Ombudsman Advocacy
Project (SOAP)
1819 16th Street
Sacramento, CA 95816
(916) 447-1075

Satellites

Sutter, Yolo, Yuba Ombudsman
Program
725 D Street
Marysville, CA 95901
(916) 742-8289

Nevada-Placer County
Ombudsman Program
c/o Volunteer Bureau
5830 Morgan Place
Loomis, CA 95650
(916) 885-7706

PSA 5—Marin County

County of Marin Ombudsman
Program
Citizen Service Office
Administration Building
Civic Center, Room 423
San Rafael, CA 94903
(415) 499-6190

PSA 6—San Francisco County

Family Service Agency/
Ombudsman Program
916 Eddy Street
Mailing Address: 1010 Gough
San Francisco, CA 94109
(415) 474-8757

PSA 7—Contra Costa County

Ombudsman Program
c/o Diablo Rehabilitation Center
490 Golf Club Road
Pleasant Hill, CA 94523
(415) 682-6330

PSA 8—San Mateo County

Long-Term Care Ombudsman
Program
c/o Catholic Social Services
600 Columbia Drive
San Mateo, CA 94402
(415) 579-0277

PSA 9—Alameda County

Ombudsman, Inc.
477 15th Street, Room 309
Oakland, CA 94612
(415) 465-1065
(415) 465-1153

PSA 10—Santa Clara County

Nursing Home Ombudsman Program
2175 The Alameda
San Jose, CA 95126
(408) 243-3001
(408) 249-3950

PSA 11—San Joaquin County

N. H. Ombudsman Volunteer Program
Community Council of Stockton and
San Joaquin County
1107 North San Joaquin
Stockton, CA 95204
(209) 948-1200

PSA 12—Alpine, Amador, Calaveras, Mariposa, Tuolumne Counties

Ombudsman Program
No. 6 South Washington, Room No. 8
Sonora, CA 95370
(209) 533-3364

PSA 13—Santa Cruz, San Benito Counties

Coordinator
Citizens for Better Nursing Home
Care, Inc.
234 Santa Cruz Avenue
Aptos, CA 95003
(408) 429-1913

PSA 14—Fresno, Madera Counties

Ombudsman Program
1028 N. Fulton
Fresno, CA 93728
(209) 233-7393

PSA 15—Kings, Tulare Counties

Long-Term Care Ombudsman
Program
c/o Kings County Comm. on Aging
Council
1197 South Drive
Hanford, CA 93230
(209) 582-3211, Extensions 2824,
2825, 2826

PSA 16—Inyo, Mono Counties

Inyo-Mono Ombudsman Program
180 East Clarke Street
Bishop, CA 93514
(619) 873-8557

PSA 17—San Luis Obispo County

Nursing Home Ombudsman Services
of San Luis Obispo County
525 Piney Way
Morro Bay, CA 93442
(805) 772-3059

PSA 17—Santa Barbara County South

S. B. Citizens for Better Nursing
Home Care
423 West Victoria
Santa Barbara, CA 93101
(805) 965-4446
(805) 928-4808 Santa Maria Branch
(Office)

PSA 18—Ventura County

Long-Term Care Ombudsman
Program
2754 Sherwin Avenue, Unit 1
Ventura, CA 93003
(805) 656-1986

PSA 19—Los Angeles County

Long-Term Care Ombudsman
Program of Los Angeles County
c/o Westside Independent Services
to the Elderly (WISE)
1320 Santa Monica Mall
Santa Monica, CA 90401
(213) 394-9871
Toll-Free (800) 334-9473

Satellites

Long Beach Ombudsman Program
c/o Long Beach Senior Center
1150 East 4th Street, Room 117D
Long Beach, CA 90802
(213) 435-0234
Toll-Free (800) 334-9473

San Gabriel Valley Ombudsman
Program
660 S. Mountain
Claremont, CA 91711
Toll-Free (800) 334-9473

Santa Monica-Englewood Ombudsman
Program
1320 Santa Monica Mall
Santa Monica, CA 90401
Toll-Free (800) 334-9473

Pasadena Ombudsman Program
85 East Holly
Pasadena, CA 91103
Toll-Free (800) 334-9473

East Los Angeles Ombudsman
Program
Branch Office
El Monte, CA 91731
Toll-Free (800) 334-9473

Torrance Ombudsman Program
1520 Greenwood Avenue
Torrance, CA 90503
Toll-Free (800) 334-9473

PSA 20—San Bernardino County

Ombudsman Program
686 East Mill Street
San Bernardino, CA 92415
(714) 383-3861

PSA 21—Riverside County

Riverside City and County
Ombudsman, Inc.
2060 University Avenue
Riverside, CA 92507
(714) 686-4402

PSA 22—Orange County

Long-Term Care Ombudsman
Service
Orange County Council on
Aging, Inc.
8100 Garden Grove Boulevard,
Suite 7
Garden Grove, CA 92644
(714) 892-7769
(714) 892-7760

PSA 23—San Diego County

Long-Term Care Ombudsman
Program
Department of Social Services
4161 Marlborough Avenue
San Diego, CA 92105
(619) 560-2501
(619) 236-4509

PSA 24—Imperial County

Ombudsman Program
654 Main Street
El Centro, CA 92243
(619) 352-8521

PSA 25—Los Angeles County

Long-Term Care Ombudsman
Program of Los Angeles City
14406 Hamlin Street
Van Nuys, CA 91401
(818) 782-4303

PSA 26—Lake, Mendocino Counties

Nursing Home Ombudsman
Program
546 North State Street, Suite 3
Ukiah, CA 95482
(707) 468-5882

PSA 27—Sonoma County

Ombudsman Program
2400 Coddingtown Center
Santa Rosa, CA 95401
(707) 526-4108 (Office)
(707) 874-3021 (Home)

PSA 28—Solano County

Nursing Home Ombudsman Service
of Solano County
535 Capitol Street
Vallejo, CA 94590
(707) 554-1126

PSA 28—Napa County

Ombudsman Program
c/o Volunteer Center of
Napa County, Inc.
1700 Second Street, Suite 308
Napa, CA 94559
(707) 252-6222

PSA 29—El Dorado County

Ombudsman Program
937 Spring Street
Placerville, CA 95667
(916) 626-2148

PSA 30—Stanislaus County

Ombudsman Program
c/o Catholic Charities
914 13th Street
Modesto, CA 95354
(209) 529-3784

PSA 31—Merced County

Ombudsman Program
c/o Catholic Social Service
504 West 13th Street
Merced, CA 95340
(209) 383-5755

PSA 32—Monterey County

Monterey County Ombudsman
Program
1281 Broadway
Seaside, CA 93955
(408) 758-4011
(408) 899-4066

PSA 33—Kern County

Ombudsman Program
Greater Bakersfield Legal
Assistance
615 California Street
Bakersfield, CA 93304
(805) 325-5943

California Fraud Program

For Fraud complaints, consumers may call:

1	Department of Health Services Audits and Investigations Section 714 "P" Street, Room 650 Sacramento, California 95814	916-445-2912
2.	Department of Justice Bureau of Medi-Cal Fraud 1515 K Street Sacramento, California 95814	916-445-9555

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
CRYSTAL CARE CENTER

Street Address: 2300 BROWN ST		**City and State:** NAPA CA 94558	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	3	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	97.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	66	91.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	64	88.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	86.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	63.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	40.3	42.9	37.7
Completely bedfast residents.	3	4.2	3.8	3.4
Residents confined to chairs.	56	77.8	58.6	50.8
Residents requiring restraints.	33	45.8	45.3	41.3
Confused or disoriented residents.	43	59.7	60.6	58.4
Residents with bed sores.	12	16.7	8.8	7.1
Residents receiving special skin care.	22	30.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NAPA NURSING CENTER

Street Address: 3275 VILLA LANE	**City and State:** NAPA CA 94558

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 20	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	67.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	100	84.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	100	84.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	49.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	32.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	32.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NAPA STATE HOSP

Street Address: P.O. BOX A		**City and State:** NAPA CA 94558	
Participation: MEDICAID SNF/ICF	**# of Beds:** 233	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
138	0	138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	96.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	130	94.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	121	87.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	99.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	120	87.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	91	65.9	42.9	37.7
Completely bedfast residents.	33	23.9	3.8	3.4
Residents confined to chairs.	61	44.2	58.6	50.8
Residents requiring restraints.	34	24.6	45.3	41.3
Confused or disoriented residents.	96	69.6	60.6	58.4
Residents with bed sores.	10	7.2	8.8	7.1
Residents receiving special skin care.	40	29.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINERS NURSING HOME

Street Address: 1800 PUEBLO AVE	**City and State:** NAPA CA 94558

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 2	**Medicaid Residents:** 5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	41	97.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	40	95.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	95.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	76.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	28.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	39	92.9	58.6	50.8
Residents requiring restraints.	29	69.0	45.3	41.3
Confused or disoriented residents.	29	69.0	60.6	58.4
Residents with bed sores.	7	16.7	8.8	7.1
Residents receiving special skin care.	16	38.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUEEN OF THE VALLEY HOSP

Street Address: 1000 TRANCAS ST		**City and State:** NAPA CA 94558	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 24	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	10	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	58.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	17	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	7	41.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	58.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	70.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REDWOOD CHRISTIAN CONVALESCENT HOSP

Street Address: 2465 REDWOOD RD		**City and State:** NAPA CA 94558	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	96.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	56	96.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	89.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	96.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	48.3	42.9	37.7
Completely bedfast residents.	6	10.3	3.8	3.4
Residents confined to chairs.	45	77.6	58.6	50.8
Residents requiring restraints.	40	69.0	45.3	41.3
Confused or disoriented residents.	39	67.2	60.6	58.4
Residents with bed sores.	6	10.3	8.8	7.1
Residents receiving special skin care.	6	10.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROBERTS NURSING HOME

Street Address: 3415 BROWNS VALLEY RD		**City and State:** NAPA CA 94558	
Participation: MEDICAID SNF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	35	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	30	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	74.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	37.1	42.9	37.7
Completely bedfast residents.	2	5.7	3.8	3.4
Residents confined to chairs.	21	60.0	58.6	50.8
Residents requiring restraints.	15	42.9	45.3	41.3
Confused or disoriented residents.	11	31.4	60.6	58.4
Residents with bed sores.	2	5.7	8.8	7.1
Residents receiving special skin care.	11	31.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIERRA VISTA CARE CENTER

Street Address: 705 TRANCAS ST		**City and State:** NAPA CA 94558	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	90.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	86	82.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	88	84.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	78.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	84.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	33.7	42.9	37.7
Completely bedfast residents.	2	1.9	3.8	3.4
Residents confined to chairs.	89	85.6	58.6	50.8
Residents requiring restraints.	51	49.0	45.3	41.3
Confused or disoriented residents.	37	35.6	60.6	58.4
Residents with bed sores.	5	4.8	8.8	7.1
Residents receiving special skin care.	10	9.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASTLE MANOR CONV CTR

Street Address: 541 V AVE	**City and State:** NATIONAL CITY CA 92050

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 12	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	97	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	97	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	80.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	51.5	42.9	37.7
Completely bedfast residents.	7	7.2	3.8	3.4
Residents confined to chairs.	65	67.0	58.6	50.8
Residents requiring restraints.	75	77.3	45.3	41.3
Confused or disoriented residents.	57	58.8	60.6	58.4
Residents with bed sores.	11	11.3	8.8	7.1
Residents receiving special skin care.	6	6.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONTINANA CONV HOSP

Street Address: 220 E 24TH ST	**City and State:** NATIONAL CITY CA 92050

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 1	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	88	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	91.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	68.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	43.8	42.9	37.7
Completely bedfast residents.	3	3.1	3.8	3.4
Residents confined to chairs.	28	29.2	58.6	50.8
Residents requiring restraints.	64	66.7	45.3	41.3
Confused or disoriented residents.	76	79.2	60.6	58.4
Residents with bed sores.	2	2.1	8.8	7.1
Residents receiving special skin care.	1	1.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDSHIP HOMES INC

Street Address: 2300 E SEVENTH ST	**City and State:** NATIONAL CITY CA 92050

Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 8	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	8	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	8	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	25.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	8	100	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDSHIP MANOR CONV CENTER

Street Address: 902 EUCLID AVE		**City and State:** NATIONAL CITY CA 92050	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 9	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	33.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	87.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	77.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	77.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	83.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	30.9	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	53	54.6	58.6	50.8
Residents requiring restraints.	44	45.4	45.3	41.3
Confused or disoriented residents.	39	40.2	60.6	58.4
Residents with bed sores.	5	5.2	8.8	7.1
Residents receiving special skin care.	14	14.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST MANOR SANITARIUM

Street Address: 1889 NATIONAL CITY BLVD	**City and State:** NATIONAL CITY CA 92050

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	77	93.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	68	82.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	73.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	81.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	29.3	42.9	37.7
Completely bedfast residents.	3	3.7	3.8	3.4
Residents confined to chairs.	48	58.5	58.6	50.8
Residents requiring restraints.	42	51.2	45.3	41.3
Confused or disoriented residents.	80	97.6	60.6	58.4
Residents with bed sores.	2	2.4	8.8	7.1
Residents receiving special skin care.	82	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARADISE VALLEY MANOR

Street Address: 2575 EAST 8TH STREET		**City and State:** NATIONAL CITY CA 92050	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	1	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	77	92.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	78	94.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	84.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	90.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	89.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	37.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	39	47.0	58.6	50.8
Residents requiring restraints.	32	38.6	45.3	41.3
Confused or disoriented residents.	78	94.0	60.6	58.4
Residents with bed sores.	15	18.1	8.8	7.1
Residents receiving special skin care.	8	9.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY HLTH OF THE SICK CONV NURS HOSP

Street Address: 2929 THERESA DRIVE		**City and State:** NEWBURY PARK CA 91320	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	91.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	56	91.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	86.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	77.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	57.4	42.9	37.7
Completely bedfast residents.	2	3.3	3.8	3.4
Residents confined to chairs.	52	85.2	58.6	50.8
Residents requiring restraints.	5	8.2	45.3	41.3
Confused or disoriented residents.	41	67.2	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	15	24.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VENTURA ESTATES HEALTH MANOR

Street Address: 915 ESTATES DRIVE		**City and State:** NEWBURY PARK CA 91320	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 48	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 1	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	42	87.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	87.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	75.0	42.9	37.7
Completely bedfast residents.	10	20.8	3.8	3.4
Residents confined to chairs.	29	60.4	58.6	50.8
Residents requiring restraints.	15	31.3	45.3	41.3
Confused or disoriented residents.	44	91.7	60.6	58.4
Residents with bed sores.	3	6.3	8.8	7.1
Residents receiving special skin care.	16	33.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA CLARITA CONVALESCENT HOSPITAL

Street Address: 23801 SAN FERNANDO ROAD	**City and State:** NEWHALL CA 91321

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 4	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	83.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	80	83.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	81	84.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	81.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	68.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	34.4	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	71	74.0	58.6	50.8
Residents requiring restraints.	55	57.3	45.3	41.3
Confused or disoriented residents.	67	69.8	60.6	58.4
Residents with bed sores.	13	13.5	8.8	7.1
Residents receiving special skin care.	5	5.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN LUIS CONVALESCENT HOSPITAL

Street Address: 709 N STREET		**City and State:** NEWMAN CA 95360	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	92.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	61	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	61	93.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	93.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	84.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	47.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	52	80.0	58.6	50.8
Residents requiring restraints.	65	100	45.3	41.3
Confused or disoriented residents.	47	72.3	60.6	58.4
Residents with bed sores.	5	7.7	8.8	7.1
Residents receiving special skin care.	4	6.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FLAGSHIP CONVALESCENT CENTER

Street Address: 466 FLAGSHIP ROAD	**City and State:** NEWPORT BEACH CA 92663

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 167	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 14	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	94.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	135	97.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	129	92.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	92.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	79.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	130	93.5	42.9	37.7
Completely bedfast residents.	13	9.4	3.8	3.4
Residents confined to chairs.	96	69.1	58.6	50.8
Residents requiring restraints.	107	77.0	45.3	41.3
Confused or disoriented residents.	102	73.4	60.6	58.4
Residents with bed sores.	23	16.5	8.8	7.1
Residents receiving special skin care.	111	79.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEWPORT CONV CTR

Street Address: 1555 SUPERIOR AVE	**City and State:** NEWPORT BEACH CA 92660

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 3	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	74.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	90.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	78.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	76.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	74.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	34.0	42.9	37.7
Completely bedfast residents.	2	4.0	3.8	3.4
Residents confined to chairs.	44	88.0	58.6	50.8
Residents requiring restraints.	20	40.0	45.3	41.3
Confused or disoriented residents.	25	50.0	60.6	58.4
Residents with bed sores.	34	68.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK SUPERIOR HEALTHCARE

Street Address: 1445 SUPERIOR AVENUE	**City and State:** NEWPORT BEACH CA 92660

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 4	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	97.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	79	94.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	95.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	96.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	42.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	79	94.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	47	56.0	60.6	58.4
Residents with bed sores.	13	15.5	8.8	7.1
Residents receiving special skin care.	8	9.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALL SAINTS CONVALESCENT CENTER

Street Address: 11810 SATICOY STREET		**City and State:** NORTH HOLLYWOOD CA 91605	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 128	**Medicare Residents:** 10	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	127	99.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	119	93.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	119	93.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	75.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	34.4	42.9	37.7
Completely bedfast residents.	12	9.4	3.8	3.4
Residents confined to chairs.	83	64.8	58.6	50.8
Residents requiring restraints.	51	39.8	45.3	41.3
Confused or disoriented residents.	86	67.2	60.6	58.4
Residents with bed sores.	14	10.9	8.8	7.1
Residents receiving special skin care.	26	20.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHANDLER CONVALESCENT HOSPITAL

Street Address: 12140 CHANDLER BOULEVARD	**City and State:** NORTH HOLLYWOOD CA 91607

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 201	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 189	**Medicare Residents:** 6	**Medicaid Residents:** 145

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	189	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	174	92.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	174	92.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	181	95.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	169	89.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	77	40.7	42.9	37.7
Completely bedfast residents.	6	3.2	3.8	3.4
Residents confined to chairs.	175	92.6	58.6	50.8
Residents requiring restraints.	133	70.4	45.3	41.3
Confused or disoriented residents.	125	66.1	60.6	58.4
Residents with bed sores.	23	12.2	8.8	7.1
Residents receiving special skin care.	74	39.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN STATE COLONIAL CONV HOSP

Street Address: 10830 OXNARD STREET		**City and State:** NORTH HOLLYWOOD CA 91606	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	2	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	44	93.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	43	91.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	91.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	87.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	34.0	42.9	37.7
Completely bedfast residents.	1	2.1	3.8	3.4
Residents confined to chairs.	40	85.1	58.6	50.8
Residents requiring restraints.	20	42.6	45.3	41.3
Confused or disoriented residents.	15	31.9	60.6	58.4
Residents with bed sores.	8	17.0	8.8	7.1
Residents receiving special skin care.	1	2.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAURELWOOD CONV CTR

Street Address: 13000 VICTORY BLVD	**City and State:** NORTH HOLLYWOOD CA 91606

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	67.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	60	88.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	58	85.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	85.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	80.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	35.3	42.9	37.7
Completely bedfast residents.	4	5.9	3.8	3.4
Residents confined to chairs.	57	83.8	58.6	50.8
Residents requiring restraints.	32	47.1	45.3	41.3
Confused or disoriented residents.	43	63.2	60.6	58.4
Residents with bed sores.	10	14.7	8.8	7.1
Residents receiving special skin care.	26	38.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ELIZABETH TOLUCA LAKE CONV HOSP

Street Address: 10425 MAGNOLIA BOULEVARD		**City and State:** NORTH HOLLYWOOD CA 91601	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 52	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
51	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	49	96.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	94.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	94.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	90.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	41.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	34	66.7	58.6	50.8
Residents requiring restraints.	2	3.9	45.3	41.3
Confused or disoriented residents.	30	58.8	60.6	58.4
Residents with bed sores.	3	5.9	8.8	7.1
Residents receiving special skin care.	5	9.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
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NURSING HOME PROFILE
THE HILLSDALE GROUP

Street Address: 12750 RIVERSIDE DRIVE	**City and State:** NORTH HOLLYWOOD CA 91607

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 3	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	102	99.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	98	95.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	99.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	79.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	50.5	42.9	37.7
Completely bedfast residents.	3	2.9	3.8	3.4
Residents confined to chairs.	57	55.3	58.6	50.8
Residents requiring restraints.	61	59.2	45.3	41.3
Confused or disoriented residents.	76	73.8	60.6	58.4
Residents with bed sores.	8	7.8	8.8	7.1
Residents receiving special skin care.	25	24.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY MANOR CONV HOSP

Street Address: 6120 N VINELAND AVE	**City and State:** NORTH HOLLYWOOD CA 91606

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 5	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	65.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	83.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	50	83.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	85.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	43.3	42.9	37.7
Completely bedfast residents.	9	15.0	3.8	3.4
Residents confined to chairs.	41	68.3	58.6	50.8
Residents requiring restraints.	32	53.3	45.3	41.3
Confused or disoriented residents.	27	45.0	60.6	58.4
Residents with bed sores.	5	8.3	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY PALMS CARE CENTER

Street Address: 13400 SHERMAN WAY		**City and State:** NORTH HOLLYWOOD CA 91605	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	6	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	86	97.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	93.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	93.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	86.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	36.4	42.9	37.7
Completely bedfast residents.	2	2.3	3.8	3.4
Residents confined to chairs.	78	88.6	58.6	50.8
Residents requiring restraints.	74	84.1	45.3	41.3
Confused or disoriented residents.	74	84.1	60.6	58.4
Residents with bed sores.	15	17.0	8.8	7.1
Residents receiving special skin care.	6	6.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-INTERCOMMUNITY NURSING CTR

Street Address: 12627 STUDEBAKER ROAD		**City and State:** NORWALK CA 90650	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	3	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	73	89.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	89.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	52.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	37.8	42.9	37.7
Completely bedfast residents.	18	22.0	3.8	3.4
Residents confined to chairs.	46	56.1	58.6	50.8
Residents requiring restraints.	44	53.7	45.3	41.3
Confused or disoriented residents.	56	68.3	60.6	58.4
Residents with bed sores.	8	9.8	8.8	7.1
Residents receiving special skin care.	23	28.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLEN TERRACE CONV CENTER

Street Address: 11510 IMPERIAL HWY		**City and State:** NORWALK CA 90650	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	5	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	94.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	86	96.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	83	93.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	83.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	68.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	42.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	67	75.3	58.6	50.8
Residents requiring restraints.	62	69.7	45.3	41.3
Confused or disoriented residents.	73	82.0	60.6	58.4
Residents with bed sores.	7	7.9	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LA PAZ GEROPSYCHIATRIC CENTER

Street Address: 11400 NORWALK BLVD		**City and State:** NORWALK CA 90650	
Participation: MEDICAID SNF	**# of Beds:** 173	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
123	0	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	69.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	65.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	48.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	61.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	59.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	24.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	30	24.4	58.6	50.8
Residents requiring restraints.	30	24.4	45.3	41.3
Confused or disoriented residents.	68	55.3	60.6	58.4
Residents with bed sores.	1	0.8	8.8	7.1
Residents receiving special skin care.	8	6.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH WALK VILLA CONVALESCENT HOSPITAL

Street Address: 12350 ROSECRANS BOULEVARD	**City and State:** NORWALK CA 90650

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 1	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	81.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	79.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	79.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	85.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	51.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	43	87.8	58.6	50.8
Residents requiring restraints.	27	55.1	45.3	41.3
Confused or disoriented residents.	27	55.1	60.6	58.4
Residents with bed sores.	5	10.2	8.8	7.1
Residents receiving special skin care.	20	40.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RANCHO LOS PADRES CONVALESCENT HOSP

Street Address: 10625 LEFFINGWELL ROAD	**City and State:** NORWALK CA 90650

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 5	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	78	91.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	78	91.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	87.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	89.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	81.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	60.0	42.9	37.7
Completely bedfast residents.	8	9.4	3.8	3.4
Residents confined to chairs.	83	97.6	58.6	50.8
Residents requiring restraints.	57	67.1	45.3	41.3
Confused or disoriented residents.	15	17.6	60.6	58.4
Residents with bed sores.	18	21.2	8.8	7.1
Residents receiving special skin care.	85	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHLAND GERIATRIC CENTER

Street Address: 11701 STUDEBAKER RD		**City and State:** NORWALK CA 90650	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	2	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	87.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	96	84.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	91	79.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	81.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	60.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	39.5	42.9	37.7
Completely bedfast residents.	5	4.4	3.8	3.4
Residents confined to chairs.	59	51.8	58.6	50.8
Residents requiring restraints.	49	43.0	45.3	41.3
Confused or disoriented residents.	66	57.9	60.6	58.4
Residents with bed sores.	11	9.6	8.8	7.1
Residents receiving special skin care.	114	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA ELENA CONV HOSP

Street Address: 13226 STUDEBAKER RD	**City and State:** NORWALK CA 90650

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	86.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	86.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	66	69.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	69.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	55.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	36.8	42.9	37.7
Completely bedfast residents.	3	3.2	3.8	3.4
Residents confined to chairs.	63	66.3	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	62	65.3	60.6	58.4
Residents with bed sores.	12	12.6	8.8	7.1
Residents receiving special skin care.	10	10.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANYON MANOR

Street Address: 655 CANYON ROAD	**City and State:** NOVATO CA 94947

Participation: MEDICAID SNF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	89	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	89	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	89	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	6	6.7	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	12	13.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

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NURSING HOME PROFILE
OAK VALLEY CARE CENTER L

Street Address: 275 S OAK STREET	**City and State:** OAKDALE CA 95361

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 1	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	96.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	94.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	97.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	95.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	97.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	50.0	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	60	71.4	58.6	50.8
Residents requiring restraints.	32	38.1	45.3	41.3
Confused or disoriented residents.	54	64.3	60.6	58.4
Residents with bed sores.	11	13.1	8.8	7.1
Residents receiving special skin care.	1	1.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIERRA MEADOWS CONVALESCENT HOSPITAL

Street Address: 40131 HIGHWAY 49	**City and State:** OAKHURST CA 93644

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	91.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	49	83.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	49	83.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	83.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	6.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	35.6	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	34	57.6	58.6	50.8
Residents requiring restraints.	49	83.1	45.3	41.3
Confused or disoriented residents.	50	84.7	60.6	58.4
Residents with bed sores.	3	5.1	8.8	7.1
Residents receiving special skin care.	6	10.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLINTON VILLAGE CONV HOSP

Street Address: 1833 10TH AVE	**City and State:** OAKLAND CA 94606

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	72.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	84	91.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	72	78.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	72.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	78.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	26.1	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	67	72.8	58.6	50.8
Residents requiring restraints.	45	48.9	45.3	41.3
Confused or disoriented residents.	71	77.2	60.6	58.4
Residents with bed sores.	9	9.8	8.8	7.1
Residents receiving special skin care.	9	9.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COBERLY GREEN NURSING HOME

Street Address: 2420 FRUITVALE AVE	**City and State:** OAKLAND CA 94601

Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	100	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	0	0.0	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	4	19.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	0	0.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	1	4.8	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOWLING CONV HOSP

Street Address: 451 28TH STREET	**City and State:** OAKLAND CA 94609

Participation: MEDICAID SNF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	26	89.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	22	75.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	89.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	37.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	37.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	18	62.1	58.6	50.8
Residents requiring restraints.	10	34.5	45.3	41.3
Confused or disoriented residents.	9	31.0	60.6	58.4
Residents with bed sores.	4	13.8	8.8	7.1
Residents receiving special skin care.	4	13.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRUITVALE CARE CONV. HOSP

Street Address: 3020 E 15TH ST	**City and State:** OAKLAND CA 94601

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 2	**Medicaid Residents:** 126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	78.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	124	94.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	108	82.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	84.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	87.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	28.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	108	82.4	58.6	50.8
Residents requiring restraints.	89	67.9	45.3	41.3
Confused or disoriented residents.	100	76.3	60.6	58.4
Residents with bed sores.	4	3.1	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARFIELD GEROPSYCHIATRIC HOSP

Street Address: 1441 28TH AVE		**City and State:** OAKLAND CA 94601	
Participation: MEDICAID SNF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	92.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	62.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	27	29.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	22.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	36.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	10.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	16	17.2	58.6	50.8
Residents requiring restraints.	7	7.5	45.3	41.3
Confused or disoriented residents.	42	45.2	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	24	25.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HIGH STREET CONV HOSP

Street Address: 3145 HIGH ST	**City and State:** OAKLAND CA 94619

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 4	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	41	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	40	97.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	97.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	82.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	19.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	35	85.4	58.6	50.8
Residents requiring restraints.	29	70.7	45.3	41.3
Confused or disoriented residents.	26	63.4	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	9	22.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HIGHVIEW CONV HOSPITAL

Street Address: 1301 E 31ST ST	**City and State:** OAKLAND CA 94602

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 81	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	75	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	10.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	24.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	74	98.7	58.6	50.8
Residents requiring restraints.	62	82.7	45.3	41.3
Confused or disoriented residents.	24	32.0	60.6	58.4
Residents with bed sores.	9	12.0	8.8	7.1
Residents receiving special skin care.	1	1.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN ALMEDA

Street Address: 516 WILLOW ST		**City and State:** OAKLAND CA 94501	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
175	7	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	169	96.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	161	92.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	157	89.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	74.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	156	89.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	29.7	42.9	37.7
Completely bedfast residents.	3	1.7	3.8	3.4
Residents confined to chairs.	105	60.0	58.6	50.8
Residents requiring restraints.	3	1.7	45.3	41.3
Confused or disoriented residents.	133	76.0	60.6	58.4
Residents with bed sores.	8	4.6	8.8	7.1
Residents receiving special skin care.	43	24.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN OAKLAND

Street Address: 3030 WEBSTER ST		**City and State:** OAKLAND CA 94609	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 14	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	93.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	77	88.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	81	93.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	95.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	59.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	29.9	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	7	8.0	58.6	50.8
Residents requiring restraints.	33	37.9	45.3	41.3
Confused or disoriented residents.	51	58.6	60.6	58.4
Residents with bed sores.	7	8.0	8.8	7.1
Residents receiving special skin care.	42	48.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOME FOR JEWISH PARENTS

Street Address: 2780 26TH AVE		**City and State:** OAKLAND CA 94601	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 57	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	93.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	57	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	45	78.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	78.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	68.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	35.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	39	68.4	58.6	50.8
Residents requiring restraints.	27	47.4	45.3	41.3
Confused or disoriented residents.	36	63.2	60.6	58.4
Residents with bed sores.	1	1.8	8.8	7.1
Residents receiving special skin care.	4	7.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE PARK RETIREMENT RESIDENCE

Street Address: 1850 ALICE ST	**City and State:** OAKLAND CA 94612

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 26	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	18	78.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	23	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	82.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	82.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	8.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	19	82.6	58.6	50.8
Residents requiring restraints.	16	69.6	45.3	41.3
Confused or disoriented residents.	15	65.2	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	11	47.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKESHORE CONV HOSP

Street Address: 1901 THIRD AVENUE	**City and State:** OAKLAND CA 94606

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 38	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	85.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	28	82.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	30	88.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	79.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	76.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	41.2	42.9	37.7
Completely bedfast residents.	2	5.9	3.8	3.4
Residents confined to chairs.	23	67.6	58.6	50.8
Residents requiring restraints.	20	58.8	45.3	41.3
Confused or disoriented residents.	20	58.8	60.6	58.4
Residents with bed sores.	1	2.9	8.8	7.1
Residents receiving special skin care.	4	11.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAC ARTHUR CONVALESCENT HOSPITAL

Street Address: 309 MAC ARTHUR BLVD		**City and State:** OAKLAND CA 94610	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 53	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	77.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	39	79.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	79.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	79.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	71.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	34.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	35	71.4	58.6	50.8
Residents requiring restraints.	21	42.9	45.3	41.3
Confused or disoriented residents.	30	61.2	60.6	58.4
Residents with bed sores.	8	16.3	8.8	7.1
Residents receiving special skin care.	1	2.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MC CLURE CONVALESCENT HOSPITAL

Street Address: 2910 MC CLURE STREET	**City and State:** OAKLAND CA 94609

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 1	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	5.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	12.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	57.1	42.9	37.7
Completely bedfast residents.	1	1.8	3.8	3.4
Residents confined to chairs.	38	67.9	58.6	50.8
Residents requiring restraints.	45	80.4	45.3	41.3
Confused or disoriented residents.	21	37.5	60.6	58.4
Residents with bed sores.	1	1.8	8.8	7.1
Residents receiving special skin care.	37	66.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICAL HILL NURSING CENTER

Street Address: 475 29TH ST	**City and State:** OAKLAND CA 94609

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 21	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	70.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	67	84.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	88.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	84.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	32.9	42.9	37.7
Completely bedfast residents.	9	11.4	3.8	3.4
Residents confined to chairs.	30	38.0	58.6	50.8
Residents requiring restraints.	27	34.2	45.3	41.3
Confused or disoriented residents.	39	49.4	60.6	58.4
Residents with bed sores.	16	20.3	8.8	7.1
Residents receiving special skin care.	34	43.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCY MANOR

Street Address: 3121 FRUITVALE AVE	**City and State:** OAKLAND CA 94602

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	95.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	42	85.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	45	91.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	93.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	93.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	28.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	43	87.8	58.6	50.8
Residents requiring restraints.	29	59.2	45.3	41.3
Confused or disoriented residents.	44	89.8	60.6	58.4
Residents with bed sores.	2	4.1	8.8	7.1
Residents receiving special skin care.	9	18.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCY RETIREMENT & CARE CTR

Street Address: 3431 FOOTHILL BLVD	**City and State:** OAKLAND CA 94601

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	59	NON-PROFIT RELIGIOUS	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	4	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	49	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	44	78.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	41.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	26.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	30	53.6	58.6	50.8
Residents requiring restraints.	18	32.1	45.3	41.3
Confused or disoriented residents.	31	55.4	60.6	58.4
Residents with bed sores.	7	12.5	8.8	7.1
Residents receiving special skin care.	14	25.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKRIDGE CONV HOSP

Street Address: 2919 FRUITVALE AVE	**City and State:** OAKLAND CA 94602

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 3	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	87.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	92	95.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	85.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	85.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	70.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	51.0	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	64	66.7	58.6	50.8
Residents requiring restraints.	48	50.0	45.3	41.3
Confused or disoriented residents.	68	70.8	60.6	58.4
Residents with bed sores.	65	67.7	8.8	7.1
Residents receiving special skin care.	26	27.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PACIFIC CARE CONV HOSP

Street Address: 3025 HIGH ST	**City and State:** OAKLAND CA 94501

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	96.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	96.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	96.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	97.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	96.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	33.3	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	92	98.9	58.6	50.8
Residents requiring restraints.	82	88.2	45.3	41.3
Confused or disoriented residents.	24	25.8	60.6	58.4
Residents with bed sores.	20	21.5	8.8	7.1
Residents receiving special skin care.	3	3.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK MERRITT INTERMEDIATE CARE

Street Address: 525 EAST 18TH ST	**City and State:** OAKLAND CA 94606

Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	16.7	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	4	16.7	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	2	8.3	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	8.3	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	4.2	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	4.2	4.2	39.1
Residents requiring restraints.	1	4.2	1.4	31.7
Confused or disoriented residents.	9	37.5	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIEDMONT GARDENS NURS HOME

Street Address: 110 41ST STREET		**City and State:** OAKLAND CA 94611	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 94	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	62.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	95.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	32	71.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	60.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	73.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	84.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	15	33.3	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	21	46.7	60.6	58.4
Residents with bed sores.	2	4.4	8.8	7.1
Residents receiving special skin care.	9	20.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SALEM LUTHERAN HOME SNF

Street Address: 3003 FRUITVALE AVENUE	**City and State:** OAKLAND CA 94602

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 35	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 3	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	34	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	31	91.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	91.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	70.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	23.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	12	35.3	58.6	50.8
Residents requiring restraints.	14	41.2	45.3	41.3
Confused or disoriented residents.	30	88.2	60.6	58.4
Residents with bed sores.	1	2.9	8.8	7.1
Residents receiving special skin care.	11	32.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST PAULS TOWERS SNF

Street Address: 100 BAY PLACE	**City and State:** OAKLAND CA 94610

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 43	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 6	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	38	97.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	35	89.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	82.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	79.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	30.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	17	43.6	58.6	50.8
Residents requiring restraints.	1	2.6	45.3	41.3
Confused or disoriented residents.	25	64.1	60.6	58.4
Residents with bed sores.	3	7.7	8.8	7.1
Residents receiving special skin care.	2	5.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE PAVILION CARE CENTER

Street Address: 1935 SEMINARY AVE	**City and State:** OAKLAND CA 94621

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 4	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	75.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	4	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	4	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	25.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	4	100	58.6	50.8
Residents requiring restraints.	2	50.0	45.3	41.3
Confused or disoriented residents.	4	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	4	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW TREE CONVALESCENT HOSPITAL

Street Address: 2124 57TH AVENUE		**City and State:** OAKLAND CA 94621	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	1	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	43.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	66	80.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	58	70.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	62.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	65.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	28.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	62	75.6	58.6	50.8
Residents requiring restraints.	55	67.1	45.3	41.3
Confused or disoriented residents.	62	75.6	60.6	58.4
Residents with bed sores.	8	9.8	8.8	7.1
Residents receiving special skin care.	1	1.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRI-CITY CONVALESCENT CENTER

Street Address: 3232 THUNDER DRIVE		**City and State:** OCEANSIDE CA 92054	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 93	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 4	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	87	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	94.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	94.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	83.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	39.1	42.9	37.7
Completely bedfast residents.	3	3.4	3.8	3.4
Residents confined to chairs.	80	92.0	58.6	50.8
Residents requiring restraints.	68	78.2	45.3	41.3
Confused or disoriented residents.	75	86.2	60.6	58.4
Residents with bed sores.	11	12.6	8.8	7.1
Residents receiving special skin care.	26	29.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ACACIAS NRTA AARP NURS HOME

Street Address: 601 N MONTGOMERY ST	**City and State:** OJAI CA 93023

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	61.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	37	78.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	37	78.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	74.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	83.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	46.8	42.9	37.7
Completely bedfast residents.	4	8.5	3.8	3.4
Residents confined to chairs.	15	31.9	58.6	50.8
Residents requiring restraints.	30	63.8	45.3	41.3
Confused or disoriented residents.	46	97.9	60.6	58.4
Residents with bed sores.	10	21.3	8.8	7.1
Residents receiving special skin care.	45	95.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OJAI VLY COMM HOSP

Street Address: 1306 MARICOPA HIGHWAY	**City and State:** OJAI CA 93023

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 2	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	69.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	40	95.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	40	95.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	97.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	38.1	42.9	37.7
Completely bedfast residents.	3	7.1	3.8	3.4
Residents confined to chairs.	39	92.9	58.6	50.8
Residents requiring restraints.	21	50.0	45.3	41.3
Confused or disoriented residents.	23	54.8	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	1	2.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS CONV HOSP

Street Address: 2464 EAST OJAI AVE		**City and State:** OJAI CA 93023	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	89.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	26	92.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	23	82.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	82.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	75.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	39.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	11	39.3	58.6	50.8
Residents requiring restraints.	12	42.9	45.3	41.3
Confused or disoriented residents.	24	85.7	60.6	58.4
Residents with bed sores.	4	14.3	8.8	7.1
Residents receiving special skin care.	6	21.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELLA VISTA CONVALESCENT HOSPITAL

Street Address: 933 EAST DEODAR ST	**City and State:** ONTARIO CA 91764

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	82.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	36	62.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	36	62.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	62.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	62.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	62.1	42.9	37.7
Completely bedfast residents.	5	8.6	3.8	3.4
Residents confined to chairs.	43	74.1	58.6	50.8
Residents requiring restraints.	39	67.2	45.3	41.3
Confused or disoriented residents.	35	60.3	60.6	58.4
Residents with bed sores.	2	3.4	8.8	7.1
Residents receiving special skin care.	10	17.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOME OF ANGELS

Street Address: 540 W MAPLE ST		**City and State:** ONTARIO CA 91761	
Participation: MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	58	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	58	100	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	57	98.3	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	12	20.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INLAND CHRISTIAN HOME

Street Address: 1950 S MOUNTAIN AVE	**City and State:** ONTARIO CA 91761

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 36	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	94.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	92.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	52	92.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	42.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	75.0	42.9	37.7
Completely bedfast residents.	1	1.8	3.8	3.4
Residents confined to chairs.	43	76.8	58.6	50.8
Residents requiring restraints.	25	44.6	45.3	41.3
Confused or disoriented residents.	5	8.9	60.6	58.4
Residents with bed sores.	3	5.4	8.8	7.1
Residents receiving special skin care.	36	64.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ONTARIO NURSING HOME

Street Address: 1661 S EUCLID AVE	**City and State:** ONTARIO CA 91761

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 1	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	96.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	92.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	53	94.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	94.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	89.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	8.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	33.9	42.9	37.7
Completely bedfast residents.	1	1.8	3.8	3.4
Residents confined to chairs.	18	32.1	58.6	50.8
Residents requiring restraints.	39	69.6	45.3	41.3
Confused or disoriented residents.	1	1.8	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLOTT NURSING HOME

Street Address: 800 EAST 5TH STREET	**City and State:** ONTARIO CA 91764

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	85.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	92.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	78.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	58.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	12	21.4	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	52	92.9	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	4	7.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAIN CARE CENTER

Street Address: 1835 W LAVETA	**City and State:** ORANGE CA 92668

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 283	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 210	**Medicare Residents:** 6	**Medicaid Residents:** 155

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	162	77.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	152	72.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	162	77.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	75.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	59.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	31.4	42.9	37.7
Completely bedfast residents.	5	2.4	3.8	3.4
Residents confined to chairs.	75	35.7	58.6	50.8
Residents requiring restraints.	130	61.9	45.3	41.3
Confused or disoriented residents.	47	22.4	60.6	58.4
Residents with bed sores.	24	11.4	8.8	7.1
Residents receiving special skin care.	111	52.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONV HOSP

Street Address: 920 W LA VETA ST	**City and State:** ORANGE CA 92668

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 3	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	89.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	87.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	91	93.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	94.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	80.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	34.0	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	79	81.4	58.6	50.8
Residents requiring restraints.	70	72.2	45.3	41.3
Confused or disoriented residents.	67	69.1	60.6	58.4
Residents with bed sores.	15	15.5	8.8	7.1
Residents receiving special skin care.	29	29.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORANGE PARK CONV HOSP

Street Address: 5017 E CHAPMAN AVE	**City and State:** ORANGE CA 92669

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 145	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	24	96.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	21	84.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	88.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	84.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	32.0	42.9	37.7
Completely bedfast residents.	1	4.0	3.8	3.4
Residents confined to chairs.	10	40.0	58.6	50.8
Residents requiring restraints.	10	40.0	45.3	41.3
Confused or disoriented residents.	10	40.0	60.6	58.4
Residents with bed sores.	2	8.0	8.8	7.1
Residents receiving special skin care.	3	12.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORANGEVALE CONV HOSP

Street Address: 9260 LOMA LANE	**City and State:** ORANGEVALE CA 95662

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	76.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	23	92.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	16	64.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	60.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	56.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	48.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	14	56.0	58.6	50.8
Residents requiring restraints.	13	52.0	45.3	41.3
Confused or disoriented residents.	18	72.0	60.6	58.4
Residents with bed sores.	1	4.0	8.8	7.1
Residents receiving special skin care.	14	56.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORINDA REHAB CONV HOSP

Street Address: 11 ALTARINDA RD	**City and State:** ORINDA CA 94563

Participation: MEDICARE SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	90.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	38	95.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	34	85.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	72.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	50.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	22	55.0	58.6	50.8
Residents requiring restraints.	2	5.0	45.3	41.3
Confused or disoriented residents.	17	42.5	60.6	58.4
Residents with bed sores.	6	15.0	8.8	7.1
Residents receiving special skin care.	9	22.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW NURSING HOME

Street Address: 1912 20TH STREET		**City and State:** OROVILLE CA 95965	
Participation: MEDICAID SNF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	50.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	28	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	28	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	50.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	85.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	64.3	42.9	37.7
Completely bedfast residents.	2	7.1	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	4	14.3	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	5	17.9	8.8	7.1
Residents receiving special skin care.	5	17.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OLIVE RIDGE CARE CENTER

Street Address: 1000 EXECUTIVE PARKWAY		**City and State:** OROVILLE CA 95966	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	1	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADOWBROOK CONV HOSP

Street Address: 1 GILMORE LANE	**City and State:** OROVILLE CA 95965

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 1	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	96.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	96.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	98.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	64.0	42.9	37.7
Completely bedfast residents.	2	4.0	3.8	3.4
Residents confined to chairs.	24	48.0	58.6	50.8
Residents requiring restraints.	45	90.0	45.3	41.3
Confused or disoriented residents.	48	96.0	60.6	58.4
Residents with bed sores.	7	14.0	8.8	7.1
Residents receiving special skin care.	21	42.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAYWOOD ACRES HEALTH CARE

Street Address: 2641 SOUTH C STREET	**City and State:** OXNARD CA 93033

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	97.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	91	94.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	85	88.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	93.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	82.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	51.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	92	95.8	58.6	50.8
Residents requiring restraints.	74	77.1	45.3	41.3
Confused or disoriented residents.	75	78.1	60.6	58.4
Residents with bed sores.	5	5.2	8.8	7.1
Residents receiving special skin care.	96	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OXNARD MANOR CONV HOSP

Street Address: 1400 WEST GONZALES ROAD		**City and State:** OXNARD CA 93030	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	59	81.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	66	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	80.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	80.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	38.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	61	84.7	58.6	50.8
Residents requiring restraints.	46	63.9	45.3	41.3
Confused or disoriented residents.	57	79.2	60.6	58.4
Residents with bed sores.	4	5.6	8.8	7.1
Residents receiving special skin care.	15	20.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT VALLEY REHAB CONV HOSP

Street Address: 5225 SOUTH J ST		**City and State:** OXNARD CA 93033	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 193	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 190	**Medicare Residents:** 44	**Medicaid Residents:** 136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	190	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	180	94.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	180	94.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	180	94.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	178	93.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	29.5	42.9	37.7
Completely bedfast residents.	5	2.6	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	100	52.6	45.3	41.3
Confused or disoriented residents.	170	89.5	60.6	58.4
Residents with bed sores.	13	6.8	8.8	7.1
Residents receiving special skin care.	41	21.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHN'S HOSPITAL SNF

Street Address: 333 NORTH F ST	**City and State:** OXNARD CA 93030

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 12	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 11	**Medicare Residents:** 4	**Medicaid Residents:** 5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	90.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	11	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	11	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	90.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	18.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	36.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	5	45.5	58.6	50.8
Residents requiring restraints.	1	9.1	45.3	41.3
Confused or disoriented residents.	2	18.2	60.6	58.4
Residents with bed sores.	4	36.4	8.8	7.1
Residents receiving special skin care.	8	72.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY WOODS

Street Address: 651 SINEX AVE		**City and State:** PACIFIC GROVE CA 93950	
Participation: MEDICARE SNF	**# of Beds:** 24	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	72.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	16	88.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	17	94.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	94.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	61.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	11.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	6	33.3	58.6	50.8
Residents requiring restraints.	6	33.3	45.3	41.3
Confused or disoriented residents.	10	55.6	60.6	58.4
Residents with bed sores.	1	5.6	8.8	7.1
Residents receiving special skin care.	2	11.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PACIFIC GROVE CONV HOSP

Street Address: 200 LIGHTHOUSE AVE	**City and State:** PACIFIC GROVE CA 93950

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	51	NON-PROFIT RELIGIOUS	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	87.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	95.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	44	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	95.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	68.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	33.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	46	95.8	58.6	50.8
Residents requiring restraints.	29	60.4	45.3	41.3
Confused or disoriented residents.	34	70.8	60.6	58.4
Residents with bed sores.	4	8.3	8.8	7.1
Residents receiving special skin care.	18	37.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENERY REHABILITATION CENTER

Street Address: 385 ESPLANADE ST	**City and State:** PACIFICA CA 94044

Participation: MEDICARE SNF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	28	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	24	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	82.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	78.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	67.9	42.9	37.7
Completely bedfast residents.	1	3.6	3.8	3.4
Residents confined to chairs.	18	64.3	58.6	50.8
Residents requiring restraints.	9	32.1	45.3	41.3
Confused or disoriented residents.	23	82.1	60.6	58.4
Residents with bed sores.	2	7.1	8.8	7.1
Residents receiving special skin care.	21	75.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINDA MAR CONV HOSP

Street Address: 751 SAN PEDRO RD	**City and State:** PACIFICA CA 94044

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 2	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	81.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	41	74.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	40	72.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	72.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	78.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	27.3	42.9	37.7
Completely bedfast residents.	1	1.8	3.8	3.4
Residents confined to chairs.	34	61.8	58.6	50.8
Residents requiring restraints.	34	61.8	45.3	41.3
Confused or disoriented residents.	22	40.0	60.6	58.4
Residents with bed sores.	4	7.3	8.8	7.1
Residents receiving special skin care.	5	9.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN VILLAGE

Street Address: 41-505 CARLOTTA DR		**City and State:** PALM DESERT CA 92260	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	42.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	40	76.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	75.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	80.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	61.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	34.6	42.9	37.7
Completely bedfast residents.	2	3.8	3.8	3.4
Residents confined to chairs.	14	26.9	58.6	50.8
Residents requiring restraints.	19	36.5	45.3	41.3
Confused or disoriented residents.	37	71.2	60.6	58.4
Residents with bed sores.	6	11.5	8.8	7.1
Residents receiving special skin care.	9	17.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALIF NURS REHAB CTR OF PALM SPRINGS

Street Address: 2299 N INDIAN AVE		**City and State:** PALM SPRINGS CA 92262	
Participation: MEDICARE SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 9	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	86.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	91.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	53	86.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	90.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	80.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	41.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	39	63.9	45.3	41.3
Confused or disoriented residents.	38	62.3	60.6	58.4
Residents with bed sores.	1	1.6	8.8	7.1
Residents receiving special skin care.	27	44.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST - PALM SPRINGS NURSING CTR

Street Address: 2990 E RAMON RD		**City and State:** PALM SPRINGS CA 92262	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	7	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	37.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	53	62.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	61	71.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	78.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	71.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	50.6	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	69	81.2	58.6	50.8
Residents requiring restraints.	3	3.5	45.3	41.3
Confused or disoriented residents.	36	42.4	60.6	58.4
Residents with bed sores.	14	16.5	8.8	7.1
Residents receiving special skin care.	18	21.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM SPRINGS HEALTHCARE

Street Address: 277 S SUNRISE WAY	**City and State:** PALM SPRINGS CA 92262

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 5	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	95.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	74	81.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	79	86.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	70.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	73.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	74.7	42.9	37.7
Completely bedfast residents.	5	5.5	3.8	3.4
Residents confined to chairs.	69	75.8	58.6	50.8
Residents requiring restraints.	39	42.9	45.3	41.3
Confused or disoriented residents.	36	39.6	60.6	58.4
Residents with bed sores.	6	6.6	8.8	7.1
Residents receiving special skin care.	12	13.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY HEALTHCARE - PALO ALTO

Street Address: 4277 MIRANDA AVE	**City and State:** PALO ALTO CA 94306

Participation: MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	55.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	22	46.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	7	14.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	4.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	8.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	8.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	2	4.3	45.3	41.3
Confused or disoriented residents.	12	25.5	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	4.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASA OLGA INTERMEDIATE CARE

Street Address: 180 HAMILTON AVE		**City and State:** PALO ALTO CA 94301	
Participation: MEDICAID ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	20.5	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	10	8.5	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	5	4.3	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	5.1	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	5.1	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	0.9	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	6	5.1	23.8	55.8
Residents with bed sores.	1	0.9	0.5	4.7
Residents receiving special skin care.	11	9.4	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LYTTON GARDENS HLTH CARE CTR

Street Address: 437 WEBSTER ST	**City and State:** PALO ALTO CA 94301

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 5	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	85.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	92	86.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	92	86.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	80.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	72.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	34.0	42.9	37.7
Completely bedfast residents.	2	1.9	3.8	3.4
Residents confined to chairs.	49	46.2	58.6	50.8
Residents requiring restraints.	27	25.5	45.3	41.3
Confused or disoriented residents.	57	53.8	60.6	58.4
Residents with bed sores.	8	7.5	8.8	7.1
Residents receiving special skin care.	23	21.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALO ALTO NURSING CENTER

Street Address: 911 BRYANT ST	**City and State:** PALO ALTO CA 94301

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 1	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	92.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	56	88.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	95.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	76.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	23.8	42.9	37.7
Completely bedfast residents.	4	6.3	3.8	3.4
Residents confined to chairs.	24	38.1	58.6	50.8
Residents requiring restraints.	31	49.2	45.3	41.3
Confused or disoriented residents.	41	65.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	63	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 9541 VAN NUYS BLVD	**City and State:** PANORAMA CITY CA 91402

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 4	**Medicaid Residents:** 125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	97.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	131	91.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	115	79.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	80.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	80.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	27.1	42.9	37.7
Completely bedfast residents.	10	6.9	3.8	3.4
Residents confined to chairs.	97	67.4	58.6	50.8
Residents requiring restraints.	68	47.2	45.3	41.3
Confused or disoriented residents.	87	60.4	60.6	58.4
Residents with bed sores.	25	17.4	8.8	7.1
Residents receiving special skin care.	30	20.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KAISER FOUNDATION HOSPITAL

Street Address: 13652 CANTARA STREET	**City and State:** PANORAMA CITY CA 91402

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 46	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 15	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	69.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	41	95.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	38	88.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	93.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	76.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	58.1	42.9	37.7
Completely bedfast residents.	16	37.2	3.8	3.4
Residents confined to chairs.	21	48.8	58.6	50.8
Residents requiring restraints.	7	16.3	45.3	41.3
Confused or disoriented residents.	11	25.6	60.6	58.4
Residents with bed sores.	6	14.0	8.8	7.1
Residents receiving special skin care.	29	67.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUN AIR CONVALESCENT HOSPITAL

Street Address: 14857 ROSCOE BOULEVARD	**City and State:** PANORAMA CITY CA 91402

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	97	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	92.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	77	79.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	84.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	73.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	39.2	42.9	37.7
Completely bedfast residents.	7	7.2	3.8	3.4
Residents confined to chairs.	75	77.3	58.6	50.8
Residents requiring restraints.	49	50.5	45.3	41.3
Confused or disoriented residents.	65	67.0	60.6	58.4
Residents with bed sores.	15	15.5	8.8	7.1
Residents receiving special skin care.	90	92.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CYPRESS ACRES CONVALESCENT HOSPITAL

Street Address: 6900 CLARK RD		**City and State:** PARADISE CA 95969	
Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	100	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	18	72.0	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	80.0	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	8.0	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	72.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	25	100	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	8.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	4.0	4.2	39.1
Residents requiring restraints.	2	8.0	1.4	31.7
Confused or disoriented residents.	21	84.0	23.8	55.8
Residents with bed sores.	1	4.0	0.5	4.7
Residents receiving special skin care.	3	12.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CYPRESS ACRES CONVALESCENT HOSPITAL

Street Address: 1633 CYPRESS LANE		**City and State:** PARADISE CA 95969	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	1	100	8.8	7.1
Residents receiving special skin care.	1	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE PARADISE

Street Address: 8777 SKYWAY	**City and State:** PARADISE CA 95969

Participation: MEDICARE SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 7	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	94.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	47	88.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	81.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	90.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	45.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	17	32.1	58.6	50.8
Residents requiring restraints.	16	30.2	45.3	41.3
Confused or disoriented residents.	42	79.2	60.6	58.4
Residents with bed sores.	4	7.5	8.8	7.1
Residents receiving special skin care.	5	9.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARADISE CONV HOSP

Street Address: 7419 SKYWAY	**City and State:** PARADISE CA 95969

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
38	1	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	36	94.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	38	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	94.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	92.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	60.5	42.9	37.7
Completely bedfast residents.	1	2.6	3.8	3.4
Residents confined to chairs.	35	92.1	58.6	50.8
Residents requiring restraints.	35	92.1	45.3	41.3
Confused or disoriented residents.	36	94.7	60.6	58.4
Residents with bed sores.	2	5.3	8.8	7.1
Residents receiving special skin care.	3	7.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERHEALTH MANOR OF PARAMOUNT

Street Address: 7039 ALONDRA BOULEVARD	**City and State:** PARAMOUNT CA 90723

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 2	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	65.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	90.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	90.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	90.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	90.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	61.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	82	90.1	58.6	50.8
Residents requiring restraints.	72	79.1	45.3	41.3
Confused or disoriented residents.	82	90.1	60.6	58.4
Residents with bed sores.	18	19.8	8.8	7.1
Residents receiving special skin care.	32	35.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARAMOUNT CONV HOSPITAL

Street Address: 8558 E ROSECRANS AVE		**City and State:** PARAMOUNT CA 90723	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	76.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	92.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	49	89.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	85.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	89.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	47.3	42.9	37.7
Completely bedfast residents.	1	1.8	3.8	3.4
Residents confined to chairs.	49	89.1	58.6	50.8
Residents requiring restraints.	38	69.1	45.3	41.3
Confused or disoriented residents.	45	81.8	60.6	58.4
Residents with bed sores.	5	9.1	8.8	7.1
Residents receiving special skin care.	47	85.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONGRESS CONVALESCENT HOSPITAL

Street Address: 716 S FAIR OAKS AVENUE	**City and State:** PASADENA CA 91105

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	97.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	70	97.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	16	22.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	80.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	83.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	40.3	42.9	37.7
Completely bedfast residents.	1	1.4	3.8	3.4
Residents confined to chairs.	56	77.8	58.6	50.8
Residents requiring restraints.	47	65.3	45.3	41.3
Confused or disoriented residents.	60	83.3	60.6	58.4
Residents with bed sores.	3	4.2	8.8	7.1
Residents receiving special skin care.	21	29.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD CONVALESCENT HOSPITAL

Street Address: 1836 N FAIR OAKS		**City and State:** PASADENA CA 91103	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 3	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	98.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	71	93.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	71	93.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	93.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	85.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	47.4	42.9	37.7
Completely bedfast residents.	3	3.9	3.8	3.4
Residents confined to chairs.	70	92.1	58.6	50.8
Residents requiring restraints.	59	77.6	45.3	41.3
Confused or disoriented residents.	53	69.7	60.6	58.4
Residents with bed sores.	12	15.8	8.8	7.1
Residents receiving special skin care.	45	59.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EISENHOWER NURSING AND CONV HOSP

Street Address: 1470 N FAIR OAKS AVENUE	**City and State:** PASADENA CA 91103

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 1	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	63.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	92.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	76.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	90.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	71.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	54.0	42.9	37.7
Completely bedfast residents.	2	3.2	3.8	3.4
Residents confined to chairs.	52	82.5	58.6	50.8
Residents requiring restraints.	27	42.9	45.3	41.3
Confused or disoriented residents.	51	81.0	60.6	58.4
Residents with bed sores.	1	1.6	8.8	7.1
Residents receiving special skin care.	8	12.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CARE CENTER

Street Address: 1920 NORTH FAIR OAKS AVENUE		**City and State:** PASADENA CA 91103	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	2	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	72.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	64	88.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	61	84.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	84.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	76.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	4.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	44.4	42.9	37.7
Completely bedfast residents.	5	6.9	3.8	3.4
Residents confined to chairs.	39	54.2	58.6	50.8
Residents requiring restraints.	35	48.6	45.3	41.3
Confused or disoriented residents.	38	52.8	60.6	58.4
Residents with bed sores.	5	6.9	8.8	7.1
Residents receiving special skin care.	47	65.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENT CONV HOSP

Street Address: 1640 N FAIR OAKS AVE	**City and State:** PASADENA CA 91103

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 79	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	87.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	84	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	62	64.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	66.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	64.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	27.1	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	64	66.7	58.6	50.8
Residents requiring restraints.	39	40.6	45.3	41.3
Confused or disoriented residents.	85	88.5	60.6	58.4
Residents with bed sores.	12	12.5	8.8	7.1
Residents receiving special skin care.	16	16.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARLINDA CONVALESCENT HOSPITAL

Street Address: 2637 E WASHINGTON BOULEVARD	**City and State:** PASADENA CA 91107

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 3	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	91.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	42	93.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	86.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	88.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	91.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	48.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	23	51.1	58.6	50.8
Residents requiring restraints.	30	66.7	45.3	41.3
Confused or disoriented residents.	42	93.3	60.6	58.4
Residents with bed sores.	4	8.9	8.8	7.1
Residents receiving special skin care.	42	93.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARLINDA IMPERIAL CONVALESCENT HOSP

Street Address: 150 BELLEFONTAINE STREET		**City and State:** PASADENA CA 91105	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 8	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	47.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	111	95.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	77.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	79.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	76.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	51.7	42.9	37.7
Completely bedfast residents.	8	6.9	3.8	3.4
Residents confined to chairs.	88	75.9	58.6	50.8
Residents requiring restraints.	91	78.4	45.3	41.3
Confused or disoriented residents.	91	78.4	60.6	58.4
Residents with bed sores.	6	5.2	8.8	7.1
Residents receiving special skin care.	40	34.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKWOOD CARE CENTER

Street Address: 1450 NORTH FAIR OAKS AVENUE		**City and State:** PASADENA CA 91103	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 2	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	92.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	92.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	73.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	63.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	73.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	34.2	42.9	37.7
Completely bedfast residents.	3	3.9	3.8	3.4
Residents confined to chairs.	48	63.2	58.6	50.8
Residents requiring restraints.	19	25.0	45.3	41.3
Confused or disoriented residents.	56	73.7	60.6	58.4
Residents with bed sores.	8	10.5	8.8	7.1
Residents receiving special skin care.	8	10.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK MARINO CONVALESCENT CENTER

Street Address: 2585 E WASHINGTON BOULEVARD	**City and State:** PASADENA CA 91107

Participation: MEDICARE SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	97.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	37	84.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	93.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	54.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	29.5	42.9	37.7
Completely bedfast residents.	5	11.4	3.8	3.4
Residents confined to chairs.	36	81.8	58.6	50.8
Residents requiring restraints.	12	27.3	45.3	41.3
Confused or disoriented residents.	10	22.7	60.6	58.4
Residents with bed sores.	1	2.3	8.8	7.1
Residents receiving special skin care.	7	15.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE GARDEN CONVALESCENT CENTER

Street Address: 1899 N RAYMOND AVENUE		**City and State:** PASADENA CA 91103	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 11	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	82.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	81.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	69.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	82.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	69.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	49.5	42.9	37.7
Completely bedfast residents.	10	10.3	3.8	3.4
Residents confined to chairs.	37	38.1	58.6	50.8
Residents requiring restraints.	36	37.1	45.3	41.3
Confused or disoriented residents.	40	41.2	60.6	58.4
Residents with bed sores.	17	17.5	8.8	7.1
Residents receiving special skin care.	11	11.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SACRED HEART CONV HOSP

Street Address: 1810 N FAIR OAKS AVE		**City and State:** PASADENA CA 91103	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	91.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	68	91.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	59	79.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	66.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	54.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	64.9	42.9	37.7
Completely bedfast residents.	4	5.4	3.8	3.4
Residents confined to chairs.	33	44.6	58.6	50.8
Residents requiring restraints.	19	25.7	45.3	41.3
Confused or disoriented residents.	58	78.4	60.6	58.4
Residents with bed sores.	7	9.5	8.8	7.1
Residents receiving special skin care.	21	28.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOPHIA-LYN CONVALESCENT HOSPITAL

Street Address: 1570 N FAIR OAKS BOULEVARD	**City and State:** PASADENA CA 91103

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	81.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	96.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	43	81.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	81.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	81.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	39.6	42.9	37.7
Completely bedfast residents.	2	3.8	3.8	3.4
Residents confined to chairs.	51	96.2	58.6	50.8
Residents requiring restraints.	28	52.8	45.3	41.3
Confused or disoriented residents.	35	66.0	60.6	58.4
Residents with bed sores.	2	3.8	8.8	7.1
Residents receiving special skin care.	6	11.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE CALIFORNIAN-PASADENA CONV HOSP

Street Address: 120 BELLEFONTAINE AVENUE	**City and State:** PASADENA CA 91105

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	82	NON-PROFIT PRIVATE	05/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	91.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	91.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	50	83.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	68.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	31.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	18	30.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	29	48.3	60.6	58.4
Residents with bed sores.	1	1.7	8.8	7.1
Residents receiving special skin care.	7	11.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA GARDENS HEALTH CARE UNIT

Street Address: 842 E VILLA ST	**City and State:** PASADENA CA 91101

Participation: MEDICAID SNF	**# of Beds:** 31	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	24	85.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	21	75.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	64.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	46.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	42.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	11	39.3	58.6	50.8
Residents requiring restraints.	17	60.7	45.3	41.3
Confused or disoriented residents.	18	64.3	60.6	58.4
Residents with bed sores.	1	3.6	8.8	7.1
Residents receiving special skin care.	2	7.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA OAKS CONVALESCENT HOSPITAL

Street Address: 1515 N FAIR OAKS AVENUE		**City and State:** PASADENA CA 91103	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	4	11.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	30	88.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	91.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	88.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	82.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	24	70.6	58.6	50.8
Residents requiring restraints.	24	70.6	45.3	41.3
Confused or disoriented residents.	34	100	60.6	58.4
Residents with bed sores.	1	2.9	8.8	7.1
Residents receiving special skin care.	34	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PATTON STATE HOSPITAL - DP/SNF

Street Address: 3120 E HIGHLAND AVE	**City and State:** PATTON CA 92369

Participation: MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	21.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	6	26.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	8	34.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	43.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	26.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	8.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	13.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	13	56.5	58.6	50.8
Residents requiring restraints.	4	17.4	45.3	41.3
Confused or disoriented residents.	12	52.2	60.6	58.4
Residents with bed sores.	3	13.0	8.8	7.1
Residents receiving special skin care.	11	47.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICAL ARTS CONV HOSP

Street Address: 2225 N PERRIS BLVD		**City and State:** PERRIS CA 92370	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 8	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	86.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	94	86.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	94	86.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	86.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	58.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	32.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	89	81.7	58.6	50.8
Residents requiring restraints.	47	43.1	45.3	41.3
Confused or disoriented residents.	60	55.0	60.6	58.4
Residents with bed sores.	21	19.3	8.8	7.1
Residents receiving special skin care.	109	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR OF PETALUMA

Street Address: 101 MONROE ST		**City and State:** PETALUMA CA 94952	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	1	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	50.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	96.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	88	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	96.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	58.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	74	84.1	60.6	58.4
Residents with bed sores.	14	15.9	8.8	7.1
Residents receiving special skin care.	37	42.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-PETALUMA NURSING CENTER

Street Address: 1115 B ST		**City and State:** PETALUMA CA 94952	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	1	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	92.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	80	96.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	89.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	89.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	89.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	20.5	42.9	37.7
Completely bedfast residents.	2	2.4	3.8	3.4
Residents confined to chairs.	38	45.8	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	47	56.6	60.6	58.4
Residents with bed sores.	4	4.8	8.8	7.1
Residents receiving special skin care.	25	30.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW CONVALESCENT HOSP

Street Address: 523 HAYES LANE		**City and State:** PETALUMA CA 94952	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	73	93.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	63	80.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	80.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	73.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	44.9	42.9	37.7
Completely bedfast residents.	1	1.3	3.8	3.4
Residents confined to chairs.	62	79.5	58.6	50.8
Residents requiring restraints.	63	80.8	45.3	41.3
Confused or disoriented residents.	42	53.8	60.6	58.4
Residents with bed sores.	14	17.9	8.8	7.1
Residents receiving special skin care.	24	30.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HACIENDA CARE CENTER

Street Address: 300 DOUGLAS STREET	**City and State:** PETALUMA CA 94952

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 2	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	75.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	72	88.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	64	79.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	80.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	63.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	38.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKS THE

Street Address: 450 HAYES LANE		**City and State:** PETALUMA CA 94952	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	1	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	79.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	79.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	43	79.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	79.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	79.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	20.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	32	59.3	58.6	50.8
Residents requiring restraints.	13	24.1	45.3	41.3
Confused or disoriented residents.	7	13.0	60.6	58.4
Residents with bed sores.	6	11.1	8.8	7.1
Residents receiving special skin care.	32	59.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL GARDENS NURSING HOME

Street Address: 7246 S ROSEMEAD BLVD	**City and State:** PICO RIVERA CA 90660

Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	82.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	72	74.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	67	69.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	61.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	66.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	28.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	18	18.6	58.6	50.8
Residents requiring restraints.	6	6.2	45.3	41.3
Confused or disoriented residents.	2	2.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	36	37.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EL RANCHO VISTA CONVALESCENT CENTER

Street Address: 8925 MINES AVENUE		**City and State:** PICO RIVERA CA 90660	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	3	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	92.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	70	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	65	81.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	85.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	66.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	43.8	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	66	82.5	58.6	50.8
Residents requiring restraints.	34	42.5	45.3	41.3
Confused or disoriented residents.	52	65.0	60.6	58.4
Residents with bed sores.	3	3.7	8.8	7.1
Residents receiving special skin care.	3	3.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVIERA NURSING AND CONVALESCENT HOME

Street Address: 8203 TELEGRAPH ROAD	**City and State:** PICO RIVERA CA 90660

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 8	**Medicaid Residents:** 122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	95.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	129	92.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	118	84.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	75.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	75.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	30.0	42.9	37.7
Completely bedfast residents.	17	12.1	3.8	3.4
Residents confined to chairs.	72	51.4	58.6	50.8
Residents requiring restraints.	64	45.7	45.3	41.3
Confused or disoriented residents.	97	69.3	60.6	58.4
Residents with bed sores.	23	16.4	8.8	7.1
Residents receiving special skin care.	18	12.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST. THERESA CONVALESCENT HOSPITAL

Street Address: 9140 VERNER STREET		**City and State:** PICO RIVERA CA 90660	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	3	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	86.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	67	81.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	68	82.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	78.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	79.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	35.4	42.9	37.7
Completely bedfast residents.	13	15.9	3.8	3.4
Residents confined to chairs.	58	70.7	58.6	50.8
Residents requiring restraints.	33	40.2	45.3	41.3
Confused or disoriented residents.	55	67.1	60.6	58.4
Residents with bed sores.	7	8.5	8.8	7.1
Residents receiving special skin care.	21	25.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
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NURSING HOME PROFILE
PITTSBURG MANOR CONV HOSP

Street Address: 535 SCHOOL ST	**City and State:** PITTSBURG CA 94565

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	93.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	47	97.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	95.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	97.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	54.2	42.9	37.7
Completely bedfast residents.	1	2.1	3.8	3.4
Residents confined to chairs.	43	89.6	58.6	50.8
Residents requiring restraints.	44	91.7	45.3	41.3
Confused or disoriented residents.	29	60.4	60.6	58.4
Residents with bed sores.	4	8.3	8.8	7.1
Residents receiving special skin care.	44	91.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EL DORADO CONV HOSP

Street Address: 3280 WASHINGTON ST		**City and State:** PLACERVILLE CA 95667	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 1	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	92.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	89	89.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	85	85.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	86.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	82.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	24.2	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	86	86.9	58.6	50.8
Residents requiring restraints.	74	74.7	45.3	41.3
Confused or disoriented residents.	74	74.7	60.6	58.4
Residents with bed sores.	9	9.1	8.8	7.1
Residents receiving special skin care.	41	41.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLD COUNTRY HEALTH CTR

Street Address: 4301 GOLDEN CENTER DRIVE	**City and State:** PLACERVILLE CA 95667

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 135	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 5	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	80.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	109	83.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	104	80.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	86.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	71.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	13	10.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	44.6	42.9	37.7
Completely bedfast residents.	2	1.5	3.8	3.4
Residents confined to chairs.	87	66.9	58.6	50.8
Residents requiring restraints.	53	40.8	45.3	41.3
Confused or disoriented residents.	85	65.4	60.6	58.4
Residents with bed sores.	11	8.5	8.8	7.1
Residents receiving special skin care.	48	36.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLACERVILLE PINES CONVALESCENT HOSP

Street Address: 1040 MARSHALL WAY		**City and State:** PLACERVILLE CA 95667	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 1	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	40.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	80	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	50.0	42.9	37.7
Completely bedfast residents.	2	2.5	3.8	3.4
Residents confined to chairs.	76	95.0	58.6	50.8
Residents requiring restraints.	42	52.5	45.3	41.3
Confused or disoriented residents.	40	50.0	60.6	58.4
Residents with bed sores.	11	13.7	8.8	7.1
Residents receiving special skin care.	14	17.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-PLAYA DEL REY NURSING CENTER

Street Address: 7716 W MANCHESTER AVENUE		**City and State:** PLAYA DEL REY CA 90291	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 2	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	93.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	93.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	90.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	97.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	78.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	80	90.9	42.9	37.7
Completely bedfast residents.	3	3.4	3.8	3.4
Residents confined to chairs.	85	96.6	58.6	50.8
Residents requiring restraints.	40	45.5	45.3	41.3
Confused or disoriented residents.	37	42.0	60.6	58.4
Residents with bed sores.	20	22.7	8.8	7.1
Residents receiving special skin care.	10	11.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAYWOOD CONVALESCENT HOSP

Street Address: 550 PATTERSON BLVD	**City and State:** PLEASANT HILL CA 94523

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	**Medicare Residents:** 3	**Medicaid Residents:** 137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	12.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	149	96.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	150	96.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	96.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	142	91.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	45.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	123	79.4	58.6	50.8
Residents requiring restraints.	115	74.2	45.3	41.3
Confused or disoriented residents.	93	60.0	60.6	58.4
Residents with bed sores.	24	15.5	8.8	7.1
Residents receiving special skin care.	28	18.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK PARK CONVALESCENT HOSPITAL

Street Address: 1625 OAK PARK BLVD	**City and State:** PLEASANT HILL CA 94523

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	82.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	97.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	42	91.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	91.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	63.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	28.3	42.9	37.7
Completely bedfast residents.	2	4.3	3.8	3.4
Residents confined to chairs.	11	23.9	58.6	50.8
Residents requiring restraints.	23	50.0	45.3	41.3
Confused or disoriented residents.	34	73.9	60.6	58.4
Residents with bed sores.	2	4.3	8.8	7.1
Residents receiving special skin care.	3	6.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEWOOD CONV HOSP

Street Address: 1911 OAK PARK BLVD		**City and State:** PLEASANT HILL CA 94523	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	36.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	46.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	28	24.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	38.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	28.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	9.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	14	12.4	58.6	50.8
Residents requiring restraints.	32	28.3	45.3	41.3
Confused or disoriented residents.	33	29.2	60.6	58.4
Residents with bed sores.	3	2.7	8.8	7.1
Residents receiving special skin care.	7	6.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUN VALLEY MANOR

Street Address: 540 PATTERSON BLVD	**City and State:** PLEASANT HILL CA 94523

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 10	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	90.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	9	90.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	9	90.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	90.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	90.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	80.0	42.9	37.7
Completely bedfast residents.	1	10.0	3.8	3.4
Residents confined to chairs.	4	40.0	58.6	50.8
Residents requiring restraints.	5	50.0	45.3	41.3
Confused or disoriented residents.	7	70.0	60.6	58.4
Residents with bed sores.	2	20.0	8.8	7.1
Residents receiving special skin care.	3	30.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANTON CONV HOSP

Street Address: 300 NEAL ST		**City and State:** PLEASANTON CA 94566	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 129	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
128	1	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	127	99.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	114	89.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	108	84.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	99.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	82.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	39.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	85	66.4	58.6	50.8
Residents requiring restraints.	2	1.6	45.3	41.3
Confused or disoriented residents.	103	80.5	60.6	58.4
Residents with bed sores.	8	6.3	8.8	7.1
Residents receiving special skin care.	13	10.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-CLAREMONT NURSING CENTER

Street Address: 219 E FOOTHILL BOULEVARD	**City and State:** POMONA CA 91767

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	67.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	84	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	65	77.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	77.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	57.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	17.9	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	74	88.1	58.6	50.8
Residents requiring restraints.	34	40.5	45.3	41.3
Confused or disoriented residents.	32	38.1	60.6	58.4
Residents with bed sores.	5	6.0	8.8	7.1
Residents receiving special skin care.	12	14.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-PALOMARES NURSING CENTER

Street Address: 250 W ARTESIA ST	**City and State:** POMONA CA 91768

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 241	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 9	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	90	89.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	99	98.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	81	80.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	96.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	83.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	38.6	42.9	37.7
Completely bedfast residents.	6	5.9	3.8	3.4
Residents confined to chairs.	97	96.0	58.6	50.8
Residents requiring restraints.	49	48.5	45.3	41.3
Confused or disoriented residents.	62	61.4	60.6	58.4
Residents with bed sores.	12	11.9	8.8	7.1
Residents receiving special skin care.	11	10.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-POMONA NURSING CENTER

Street Address: 651 N MAIN STREET	**City and State:** POMONA CA 91768

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 3	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	95.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	95.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	59	96.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	95.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	90.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	50.8	42.9	37.7
Completely bedfast residents.	5	8.2	3.8	3.4
Residents confined to chairs.	26	42.6	58.6	50.8
Residents requiring restraints.	28	45.9	45.3	41.3
Confused or disoriented residents.	59	96.7	60.6	58.4
Residents with bed sores.	17	27.9	8.8	7.1
Residents receiving special skin care.	29	47.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-POMONA VALLEY NURSING CENTER

Street Address: 1550 N PARK AVE	**City and State:** POMONA CA 91768

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 231	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 205	**Medicare Residents:** 3	**Medicaid Residents:** 197

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	181	88.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	181	88.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	170	82.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	78.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	145	70.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	6	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	45.9	42.9	37.7
Completely bedfast residents.	20	9.8	3.8	3.4
Residents confined to chairs.	78	38.0	58.6	50.8
Residents requiring restraints.	96	46.8	45.3	41.3
Confused or disoriented residents.	112	54.6	60.6	58.4
Residents with bed sores.	15	7.3	8.8	7.1
Residents receiving special skin care.	60	29.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANDMARK MEDICAL CENTER

Street Address: 2030 N GAREY AVE	**City and State:** POMONA CA 91767

Participation: MEDICAID SNF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	7.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	28	31.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANTERMAN STATE HOSP

Street Address: 3530 POMONA BLVD	**City and State:** POMONA CA 91769

Participation: MEDICAID SNF	**# of Beds:** 999	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 04/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 999	**Medicare Residents:** 0	**Medicaid Residents:** 999

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	925	92.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	910	91.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	892	89.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	387	38.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	783	78.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	453	45.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	649	65.0	42.9	37.7
Completely bedfast residents.	15	1.5	3.8	3.4
Residents confined to chairs.	341	34.1	58.6	50.8
Residents requiring restraints.	51	5.1	45.3	41.3
Confused or disoriented residents.	617	61.8	60.6	58.4
Residents with bed sores.	13	1.3	8.8	7.1
Residents receiving special skin care.	510	51.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAUREL PARK A CTR FOR EFFECTIVE LIVING

Street Address: 1425 LAUREL AVE		**City and State:** POMONA CA 91768	
Participation: MEDICAID SNF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	5	11.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT SAN ANTONIO GARDENS

Street Address: 900 E HARRISON AVE	**City and State:** POMONA CA 91767

Participation: MEDICARE SNF	**# of Beds:** 55	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	95.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	95.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	42	89.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	89.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	93.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	38.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	28	59.6	58.6	50.8
Residents requiring restraints.	22	46.8	45.3	41.3
Confused or disoriented residents.	16	34.0	60.6	58.4
Residents with bed sores.	2	4.3	8.8	7.1
Residents receiving special skin care.	15	31.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OLIVE VISTA

Street Address: 2350 CULVER COURT	**City and State:** POMONA CA 91766

Participation: MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	5.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	28	23.5	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	6	5.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PEARL VILLA CONVALESCENT HOSPITAL

Street Address: 215 W PEARL STREET		**City and State:** POMONA CA 91767	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	75.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	70.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	43	66.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	73.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	69.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	30.8	42.9	37.7
Completely bedfast residents.	4	6.2	3.8	3.4
Residents confined to chairs.	44	67.7	58.6	50.8
Residents requiring restraints.	19	29.2	45.3	41.3
Confused or disoriented residents.	42	64.6	60.6	58.4
Residents with bed sores.	6	9.2	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWNE AVENUE CONVALESCENT HOSPITAL

Street Address: 2351 S TOWNE AVENUE	**City and State:** POMONA CA 91766

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 2	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	88.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	83	95.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	78	89.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	79.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	88.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	42.5	42.9	37.7
Completely bedfast residents.	5	5.7	3.8	3.4
Residents confined to chairs.	44	50.6	58.6	50.8
Residents requiring restraints.	42	48.3	45.3	41.3
Confused or disoriented residents.	45	51.7	60.6	58.4
Residents with bed sores.	14	16.1	8.8	7.1
Residents receiving special skin care.	12	13.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HACIENDA CONV HOSP

Street Address: 301 W PUTNAM AVE		**City and State:** PORTERVILLE CA 93257	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 139	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
137	4	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	87.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	130	94.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	130	94.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	94.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	119	86.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	44.5	42.9	37.7
Completely bedfast residents.	13	9.5	3.8	3.4
Residents confined to chairs.	77	56.2	58.6	50.8
Residents requiring restraints.	89	65.0	45.3	41.3
Confused or disoriented residents.	110	80.3	60.6	58.4
Residents with bed sores.	8	5.8	8.8	7.1
Residents receiving special skin care.	98	71.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PORTERVILLE DEVELOPMENTAL CTR

Street Address: P.O. BOX 2000		**City and State:** PORTERVILLE CA 93258	
Participation: MEDICAID SNF	**# of Beds:** 423	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	74	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	100	42.9	37.7
Completely bedfast residents.	4	5.4	3.8	3.4
Residents confined to chairs.	70	94.6	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	16	21.6	60.6	58.4
Residents with bed sores.	2	2.7	8.8	7.1
Residents receiving special skin care.	64	86.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY CARE CENTER

Street Address: 661 W POPLAR AVE		**City and State:** PORTERVILLE CA 93257	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	96.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	92.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	51	92.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	94.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	94.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	38.2	42.9	37.7
Completely bedfast residents.	3	5.5	3.8	3.4
Residents confined to chairs.	49	89.1	58.6	50.8
Residents requiring restraints.	42	76.4	45.3	41.3
Confused or disoriented residents.	55	100	60.6	58.4
Residents with bed sores.	1	1.8	8.8	7.1
Residents receiving special skin care.	55	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA MANOR CARE CENTER INC

Street Address: 350 NORTH VILLA STREET	**City and State:** PORTERVILLE CA 93257

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	96	98.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	84	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	96.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	86.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	78	79.6	42.9	37.7
Completely bedfast residents.	5	5.1	3.8	3.4
Residents confined to chairs.	42	42.9	58.6	50.8
Residents requiring restraints.	44	44.9	45.3	41.3
Confused or disoriented residents.	86	87.8	60.6	58.4
Residents with bed sores.	4	4.1	8.8	7.1
Residents receiving special skin care.	28	28.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEQUOIAS THE

Street Address: 501 PORTOLA RD	**City and State:** PORTOLA VALLEY CA 94025

Participation: MEDICARE SNF	**# of Beds:** 48	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	91.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	34	94.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	26	72.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	77.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	77.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	30.6	42.9	37.7
Completely bedfast residents.	9	25.0	3.8	3.4
Residents confined to chairs.	12	33.3	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	22	61.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NATIONAL HEALTHCARE CTR

Street Address: 12696 MONTE VISTA RD	**City and State:** POWAY CA 92064

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 149	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	19	54.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	20	57.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	54.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	2.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	9	25.7	3.8	3.4
Residents confined to chairs.	1	2.9	58.6	50.8
Residents requiring restraints.	2	5.7	45.3	41.3
Confused or disoriented residents.	12	34.3	60.6	58.4
Residents with bed sores.	1	2.9	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RANCHO BERNARDO CONV HOSP

Street Address: 15632 POMERADO ROAD	**City and State:** POWAY CA 92064

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 2	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	90.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	96.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	84.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	87.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	74.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	38.8	42.9	37.7
Completely bedfast residents.	4	4.7	3.8	3.4
Residents confined to chairs.	50	58.8	58.6	50.8
Residents requiring restraints.	35	41.2	45.3	41.3
Confused or disoriented residents.	52	61.2	60.6	58.4
Residents with bed sores.	19	22.4	8.8	7.1
Residents receiving special skin care.	30	35.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA POMERADO

Street Address: 15615 POMERADO RD	**City and State:** POWAY CA 92064

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 279	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 7	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	71.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	7	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	5	71.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	85.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	42.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	14.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	42.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	28.6	58.6	50.8
Residents requiring restraints.	2	28.6	45.3	41.3
Confused or disoriented residents.	2	28.6	60.6	58.4
Residents with bed sores.	2	28.6	8.8	7.1
Residents receiving special skin care.	4	57.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-QUINCY NURSING CTR

Street Address: 50 CENTRAL AVE	**City and State:** QUINCY CA 95971

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	1	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	85.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	78.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	70.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	72.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	60.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	32.7	42.9	37.7
Completely bedfast residents.	4	7.3	3.8	3.4
Residents confined to chairs.	12	21.8	58.6	50.8
Residents requiring restraints.	35	63.6	45.3	41.3
Confused or disoriented residents.	43	78.2	60.6	58.4
Residents with bed sores.	4	7.3	8.8	7.1
Residents receiving special skin care.	11	20.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASA COLOMA HEALTH CARE CENTER

Street Address: 10410 COLOMA ROAD	**City and State:** RANCHO CORDOVA CA 95670

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 138	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 1	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	97.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	93	93.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	87	87.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	73.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	74.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	37.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	81	81.8	58.6	50.8
Residents requiring restraints.	52	52.5	45.3	41.3
Confused or disoriented residents.	74	74.7	60.6	58.4
Residents with bed sores.	1	1.0	8.8	7.1
Residents receiving special skin care.	14	14.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RANCHO MIRAGE HEALTHCARE CENTER

Street Address: 39950 VISTA DEL SOL	**City and State:** RANCHO MIRAGE CA 92270

Participation: MEDICARE SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	67.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	47	77.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	35	57.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	65.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	47.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	55.7	42.9	37.7
Completely bedfast residents.	3	4.9	3.8	3.4
Residents confined to chairs.	35	57.4	58.6	50.8
Residents requiring restraints.	9	14.8	45.3	41.3
Confused or disoriented residents.	19	31.1	60.6	58.4
Residents with bed sores.	4	6.6	8.8	7.1
Residents receiving special skin care.	5	8.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE CANTERBURY

Street Address: 5801 WEST CRESTRIDGE RD	**City and State:** RANCHO PALOS VERDES CA 90274

Participation: MEDICARE SNF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	18	75.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	15	62.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	62.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	8.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	18	75.0	58.6	50.8
Residents requiring restraints.	4	16.7	45.3	41.3
Confused or disoriented residents.	16	66.7	60.6	58.4
Residents with bed sores.	1	4.2	8.8	7.1
Residents receiving special skin care.	14	58.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRENTWOOD CONVALESCENT HOSPITAL

Street Address: 1795 WALNUT STREET		**City and State:** RED BLUFF CA 96080	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	92.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	49	96.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	94.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	98.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	82.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	74.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	29	56.9	58.6	50.8
Residents requiring restraints.	45	88.2	45.3	41.3
Confused or disoriented residents.	36	70.6	60.6	58.4
Residents with bed sores.	6	11.8	8.8	7.1
Residents receiving special skin care.	14	27.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-CEDARS NURSING CENTER

Street Address: 555 LUTHER RD		**City and State:** RED BLUFF CA 96080	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	4	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	96.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	53	94.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	52	92.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	91.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	92.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	42.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	52	92.9	58.6	50.8
Residents requiring restraints.	42	75.0	45.3	41.3
Confused or disoriented residents.	48	85.7	60.6	58.4
Residents with bed sores.	8	14.3	8.8	7.1
Residents receiving special skin care.	13	23.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TEHAMA COUNTY HEALTH CTR

Street Address: 1850 WALNUT ST		**City and State:** RED BLUFF CA 96080	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 67	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
67	1	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	64	95.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	62	92.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	95.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	92.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	46.3	42.9	37.7
Completely bedfast residents.	1	1.5	3.8	3.4
Residents confined to chairs.	62	92.5	58.6	50.8
Residents requiring restraints.	56	83.6	45.3	41.3
Confused or disoriented residents.	52	77.6	60.6	58.4
Residents with bed sores.	11	16.4	8.8	7.1
Residents receiving special skin care.	17	25.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 1836 GOLD ST		**City and State:** REDDING CA 96001	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	1	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	96.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	83	94.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	69	78.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	95.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	72.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	43.2	42.9	37.7
Completely bedfast residents.	3	3.4	3.8	3.4
Residents confined to chairs.	55	62.5	58.6	50.8
Residents requiring restraints.	50	56.8	45.3	41.3
Confused or disoriented residents.	37	42.0	60.6	58.4
Residents with bed sores.	9	10.2	8.8	7.1
Residents receiving special skin care.	32	36.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD CONVALESCENT HOSPITAL

Street Address: 2490 COURT STREET		**City and State:** REDDING CA 96001	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	5	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	96.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	101	91.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	97	88.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	90.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	56.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	40.9	42.9	37.7
Completely bedfast residents.	3	2.7	3.8	3.4
Residents confined to chairs.	55	50.0	58.6	50.8
Residents requiring restraints.	29	26.4	45.3	41.3
Confused or disoriented residents.	64	58.2	60.6	58.4
Residents with bed sores.	7	6.4	8.8	7.1
Residents receiving special skin care.	5	4.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD GERIATRIC TREATMENT CENTER

Street Address: 3062 CHURN CREEK RD	**City and State:** REDDING CA 96002

Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	2	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHASTA CONVALESCENT HOSPITAL

Street Address: 3550 CHURN CREEK RD	**City and State:** REDDING CA 96001

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 165	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 5	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	98.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	69	90.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	69	90.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	86.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	86.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	22.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	31	40.8	58.6	50.8
Residents requiring restraints.	47	61.8	45.3	41.3
Confused or disoriented residents.	44	57.9	60.6	58.4
Residents with bed sores.	2	2.6	8.8	7.1
Residents receiving special skin care.	4	5.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 700 E HIGHLAND AVE	**City and State:** REDLANDS CA 92873

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 2	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	91.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	96.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	85.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	82.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	72.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	52.4	42.9	37.7
Completely bedfast residents.	5	6.1	3.8	3.4
Residents confined to chairs.	64	78.0	58.6	50.8
Residents requiring restraints.	48	58.5	45.3	41.3
Confused or disoriented residents.	51	62.2	60.6	58.4
Residents with bed sores.	15	18.3	8.8	7.1
Residents receiving special skin care.	8	9.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-REDLANDS NURSING CENTER

Street Address: 105 TERRACINA BLVD	**City and State:** REDLANDS CA 92373

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 2	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	70	76.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	76.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	76.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	76.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	23	25.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	60.4	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	12	13.2	58.6	50.8
Residents requiring restraints.	52	57.1	45.3	41.3
Confused or disoriented residents.	33	36.3	60.6	58.4
Residents with bed sores.	45	49.5	8.8	7.1
Residents receiving special skin care.	2	2.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLYMOUTH VILLAGE

Street Address: 819 SALEM DRIVE	**City and State:** REDLANDS CA 92373

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 48	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 2	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	97.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	8	17.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	8	17.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	17.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	17.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	17.0	42.9	37.7
Completely bedfast residents.	2	4.3	3.8	3.4
Residents confined to chairs.	10	21.3	58.6	50.8
Residents requiring restraints.	22	46.8	45.3	41.3
Confused or disoriented residents.	39	83.0	60.6	58.4
Residents with bed sores.	2	4.3	8.8	7.1
Residents receiving special skin care.	7	14.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TERRACINA CONV HOSP

Street Address: 1620 W FERN AVE	**City and State:** REDLANDS CA 92373

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 1	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	96.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	72	96.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	98.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	97.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	77.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	30.7	42.9	37.7
Completely bedfast residents.	2	2.7	3.8	3.4
Residents confined to chairs.	52	69.3	58.6	50.8
Residents requiring restraints.	48	64.0	45.3	41.3
Confused or disoriented residents.	37	49.3	60.6	58.4
Residents with bed sores.	8	10.7	8.8	7.1
Residents receiving special skin care.	43	57.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORDILLERAS CENTER

Street Address: 200 EDMONDS ROAD	**City and State:** REDWOOD CITY CA 94062

Participation: MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELLIPSE

Street Address: 631 WOODSIDE ROAD	**City and State:** REDWOOD CITY CA 94061

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 16	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 4	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	75.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	3	75.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	2	50.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	50.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	25.0	42.9	37.7
Completely bedfast residents.	1	25.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	2	50.0	60.6	58.4
Residents with bed sores.	1	25.0	8.8	7.1
Residents receiving special skin care.	3	75.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAUREL GLEN CONVALESCENT HOSPITAL

Street Address: 885 WOODSIDE ROAD		**City and State:** REDWOOD CITY CA 94061	
Participation: MEDICAID SNF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	91.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	42	93.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	41	91.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	91.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	80.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	4.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	24.4	42.9	37.7
Completely bedfast residents.	3	6.7	3.8	3.4
Residents confined to chairs.	31	68.9	58.6	50.8
Residents requiring restraints.	19	42.2	45.3	41.3
Confused or disoriented residents.	25	55.6	60.6	58.4
Residents with bed sores.	5	11.1	8.8	7.1
Residents receiving special skin care.	5	11.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEQUOIA HOSPITAL-SNF

Street Address: WHIPPLE + ALAMEDA STS		**City and State:** REDWOOD CITY CA 94062	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 54	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 21	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	87.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	93.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	93.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	93.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	91.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	4.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	42.9	42.9	37.7
Completely bedfast residents.	6	12.2	3.8	3.4
Residents confined to chairs.	18	36.7	58.6	50.8
Residents requiring restraints.	11	22.4	45.3	41.3
Confused or disoriented residents.	18	36.7	60.6	58.4
Residents with bed sores.	3	6.1	8.8	7.1
Residents receiving special skin care.	4	8.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT VIEW MANOR

Street Address: 856 S REED AVE	**City and State:** REEDLEY CA 93654

Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	71.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	88	88.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	80.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	80.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	63.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.3	42.9	37.7
Completely bedfast residents.	13	13.1	3.8	3.4
Residents confined to chairs.	54	54.5	58.6	50.8
Residents requiring restraints.	35	35.4	45.3	41.3
Confused or disoriented residents.	58	58.6	60.6	58.4
Residents with bed sores.	5	5.1	8.8	7.1
Residents receiving special skin care.	11	11.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REEDLEY CONV HOSP

Street Address: 1090 E DINUBA AVE	**City and State:** REEDLEY CA 93654

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	96.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	54	96.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	89.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	89.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	57.1	42.9	37.7
Completely bedfast residents.	1	1.8	3.8	3.4
Residents confined to chairs.	40	71.4	58.6	50.8
Residents requiring restraints.	25	44.6	45.3	41.3
Confused or disoriented residents.	35	62.5	60.6	58.4
Residents with bed sores.	5	8.9	8.8	7.1
Residents receiving special skin care.	5	8.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIERRA VIEW HOMES INC

Street Address: 1155 E SPRINGFIELD AVE	**City and State:** REEDLEY CA 93654

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	86.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	88.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	42	71.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	79.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	57.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	44.1	42.9	37.7
Completely bedfast residents.	2	3.4	3.8	3.4
Residents confined to chairs.	44	74.6	58.6	50.8
Residents requiring restraints.	28	47.5	45.3	41.3
Confused or disoriented residents.	21	35.6	60.6	58.4
Residents with bed sores.	1	1.7	8.8	7.1
Residents receiving special skin care.	47	79.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-NORTHRIDGE NSG & REHAB CTR

Street Address: 7836 RESEDA BOULEVARD		**City and State:** RESEDA CA 91335	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 97	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	8	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	97.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	86	93.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	86	93.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	93.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	82.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	45.7	42.9	37.7
Completely bedfast residents.	4	4.3	3.8	3.4
Residents confined to chairs.	73	79.3	58.6	50.8
Residents requiring restraints.	68	73.9	45.3	41.3
Confused or disoriented residents.	39	42.4	60.6	58.4
Residents with bed sores.	13	14.1	8.8	7.1
Residents receiving special skin care.	76	82.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONVALESCENT CENTER OF RESEDA

Street Address: 6740 WILBUR AVE	**City and State:** RESEDA CA 91335

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 1	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	97.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	88	97.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	88	97.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	97.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	71.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	45.6	42.9	37.7
Completely bedfast residents.	3	3.3	3.8	3.4
Residents confined to chairs.	67	74.4	58.6	50.8
Residents requiring restraints.	53	58.9	45.3	41.3
Confused or disoriented residents.	59	65.6	60.6	58.4
Residents with bed sores.	16	17.8	8.8	7.1
Residents receiving special skin care.	49	54.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORBIN CONVALESCENT HOSPITAL

Street Address: 7120 CORBIN AVENUE	**City and State:** RESEDA CA 91335

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 157	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	**Medicare Residents:** 7	**Medicaid Residents:** 104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	80.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	135	87.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	123	79.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	81.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	137	88.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	93	60.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	145	93.5	58.6	50.8
Residents requiring restraints.	120	77.4	45.3	41.3
Confused or disoriented residents.	115	74.2	60.6	58.4
Residents with bed sores.	29	18.7	8.8	7.1
Residents receiving special skin care.	155	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANCELL VILLAGE

Street Address: 7150 TAMPA AVE	**City and State:** RESEDA CA 91335

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	155	NON-PROFIT OTHER	06/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
134	1	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	88.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	118	88.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	59.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	59.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	59.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	8.2	42.9	37.7
Completely bedfast residents.	1	0.7	3.8	3.4
Residents confined to chairs.	48	35.8	58.6	50.8
Residents requiring restraints.	38	28.4	45.3	41.3
Confused or disoriented residents.	50	37.3	60.6	58.4
Residents with bed sores.	4	3.0	8.8	7.1
Residents receiving special skin care.	45	33.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEWISH HOME FOR THE AGED CONV HOME

Street Address: 18855 VICTORY BOULEVARD	**City and State:** RESEDA CA 91335

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 248	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 183	**Medicare Residents:** 1	**Medicaid Residents:** 168

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	176	96.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	106	57.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	78	42.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	50.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	41.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	38.3	42.9	37.7
Completely bedfast residents.	3	1.6	3.8	3.4
Residents confined to chairs.	66	36.1	58.6	50.8
Residents requiring restraints.	35	19.1	45.3	41.3
Confused or disoriented residents.	79	43.2	60.6	58.4
Residents with bed sores.	17	9.3	8.8	7.1
Residents receiving special skin care.	45	24.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONV HOSPS-RHEEMS VALLEY BRANCH

Street Address: 332 PARK STREET	**City and State:** RHEEM VALLEY CA 94570

Participation: MEDICARE SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 46	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	95.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	93.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	14	30.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	82.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	39.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	39.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	8	17.4	58.6	50.8
Residents requiring restraints.	8	17.4	45.3	41.3
Confused or disoriented residents.	16	34.8	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	3	6.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW CONV HOSP

Street Address: 1471 S RIVERSIDE AVE	**City and State:** RIALTO CA 92376

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 201	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARITA'S INTERMEDIATE CARE HOSP

Street Address: 955 23RD ST	**City and State:** RICHMOND CA 94804

Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	16	76.2	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	8	38.1	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	76.2	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	19.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	9.5	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	2	9.5	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	21	100	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELLENS MEMORIAL CONVALESCENT HOSP

Street Address: 2716 OHIO AVENUE	**City and State:** RICHMOND CA 94804

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	82.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	37	90.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	34	82.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	82.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	82.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	24.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	36	87.8	58.6	50.8
Residents requiring restraints.	33	80.5	45.3	41.3
Confused or disoriented residents.	33	80.5	60.6	58.4
Residents with bed sores.	2	4.9	8.8	7.1
Residents receiving special skin care.	5	12.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENRIDGE HEIGHTS

Street Address: 2150 PYRAMID DRIVE	**City and State:** RICHMOND CA 94803

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 1	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	57	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	54	94.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	94.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	82.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	28.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	9	15.8	58.6	50.8
Residents requiring restraints.	48	84.2	45.3	41.3
Confused or disoriented residents.	48	84.2	60.6	58.4
Residents with bed sores.	4	7.0	8.8	7.1
Residents receiving special skin care.	4	7.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HALLMARK NURSING CENTER - RICHMOND

Street Address: 1919 CUTTING BLVD	**City and State:** RICHMOND CA 94804

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	93.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	76	97.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	94.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	94.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	89.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	56.4	42.9	37.7
Completely bedfast residents.	3	3.8	3.8	3.4
Residents confined to chairs.	72	92.3	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	66	84.6	60.6	58.4
Residents with bed sores.	10	12.8	8.8	7.1
Residents receiving special skin care.	28	35.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR HEALTHCARE CENTER

Street Address: 1131 CHINA LAKE BLVD	**City and State:** RIDGECREST CA 93555

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	68.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	62	68.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	66.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	68.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	48.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	18.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	66	73.3	58.6	50.8
Residents requiring restraints.	25	27.8	45.3	41.3
Confused or disoriented residents.	28	31.1	60.6	58.4
Residents with bed sores.	7	7.8	8.8	7.1
Residents receiving special skin care.	26	28.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY HME SOCIETY OF SAN JOAQUIN CO

Street Address: 930 WEST MAIN ST		**City and State:** RIPON CA 95366	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 74	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER BLUFF CONV HOSP

Street Address: 2649 WEST TOPEKA AVENUE		**City and State:** RIVERBANK CA 95367	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	70.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	91	92.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	88	89.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	50.0	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	85	86.7	58.6	50.8
Residents requiring restraints.	77	78.6	45.3	41.3
Confused or disoriented residents.	70	71.4	60.6	58.4
Residents with bed sores.	2	2.0	8.8	7.1
Residents receiving special skin care.	38	38.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARLINGTON GARDENS CONV HOSP

Street Address: 3766 NYE AVE		**City and State:** RIVERSIDE CA 92505	
Participation: MEDICARE SNF	**# of Beds:** 27	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	23	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	96.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	20	80.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	20	80.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	80.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	60.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	4.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	36.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	22	88.0	58.6	50.8
Residents requiring restraints.	20	80.0	45.3	41.3
Confused or disoriented residents.	6	24.0	60.6	58.4
Residents with bed sores.	1	4.0	8.8	7.1
Residents receiving special skin care.	2	8.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 4768 PALM AVE	**City and State:** RIVERSIDE CA 92501

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 2	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	82.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	90.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	92.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	92.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	80.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	38.0	42.9	37.7
Completely bedfast residents.	1	2.0	3.8	3.4
Residents confined to chairs.	46	92.0	58.6	50.8
Residents requiring restraints.	29	58.0	45.3	41.3
Confused or disoriented residents.	30	60.0	60.6	58.4
Residents with bed sores.	7	14.0	8.8	7.1
Residents receiving special skin care.	1	2.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR SANITARIUM

Street Address: 4580 PALM AVENUE	**City and State:** RIVERSIDE CA 92501

Participation: MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 0	**Medicaid Residents:** 104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	95.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	104	95.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	104	95.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	95.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	95.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	104	95.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-MISSION NURSING CENTER

Street Address: 8487 MAGNOLIA AVE	**City and State:** RIVERSIDE CA 92504

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 7	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	28.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	26	66.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	26	66.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	64.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	69.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	38.5	42.9	37.7
Completely bedfast residents.	1	2.6	3.8	3.4
Residents confined to chairs.	5	12.8	58.6	50.8
Residents requiring restraints.	22	56.4	45.3	41.3
Confused or disoriented residents.	18	46.2	60.6	58.4
Residents with bed sores.	9	23.1	8.8	7.1
Residents receiving special skin care.	3	7.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAPMAN CONVALESCENT HOSPITAL

Street Address: 4301 CAROLINE COURT	**City and State:** RIVERSIDE CA 92506

Participation: MEDICAID SNF	**# of Beds:** 33	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	81.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	30	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	30	93.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	93.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	53.1	42.9	37.7
Completely bedfast residents.	3	9.4	3.8	3.4
Residents confined to chairs.	25	78.1	58.6	50.8
Residents requiring restraints.	25	78.1	45.3	41.3
Confused or disoriented residents.	26	81.3	60.6	58.4
Residents with bed sores.	4	12.5	8.8	7.1
Residents receiving special skin care.	28	87.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CONV CENTER

Street Address: 6020 BROCKTON AVE	**City and State:** RIVERSIDE CA 92506

Participation: MEDICARE SNF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	**Medicare Residents:** 9	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	5.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	9	5.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	9	5.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	5.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	5.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	5.7	42.9	37.7
Completely bedfast residents.	2	1.3	3.8	3.4
Residents confined to chairs.	147	92.5	58.6	50.8
Residents requiring restraints.	122	76.7	45.3	41.3
Confused or disoriented residents.	77	48.4	60.6	58.4
Residents with bed sores.	20	12.6	8.8	7.1
Residents receiving special skin care.	44	27.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CYPRESS GARDENS CONV HOSP

Street Address: 9025 COLORADO AVE	**City and State:** RIVERSIDE CA 92503

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 2	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	88.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	104	90.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	98	85.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	86.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	81.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	54.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	91	79.1	58.6	50.8
Residents requiring restraints.	74	64.3	45.3	41.3
Confused or disoriented residents.	85	73.9	60.6	58.4
Residents with bed sores.	7	6.1	8.8	7.1
Residents receiving special skin care.	23	20.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EXTENDED CARE HOSPITAL OF RIVERSIDE

Street Address: 8171 MAGNOLIA AVENUE	**City and State:** RIVERSIDE CA 92504

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 1	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	94	96.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	80	82.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	83	85.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	74.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	63.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	27.8	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	89	91.8	58.6	50.8
Residents requiring restraints.	90	92.8	45.3	41.3
Confused or disoriented residents.	65	67.0	60.6	58.4
Residents with bed sores.	15	15.5	8.8	7.1
Residents receiving special skin care.	28	28.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LA SIERRA CONVALESCENT HOSPITAL

Street Address: 11162 PALM TERRACE LANE	**City and State:** RIVERSIDE CA 92505

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	86.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	69	94.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	82.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	83.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	13.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	42.5	42.9	37.7
Completely bedfast residents.	2	2.7	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	1	1.4	45.3	41.3
Confused or disoriented residents.	49	67.1	60.6	58.4
Residents with bed sores.	1	1.4	8.8	7.1
Residents receiving special skin care.	73	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA CONV HOSP

Street Address: 8133 MAGNOLIA AVE	**City and State:** RIVERSIDE CA 92504

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 7	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	33.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	66	74.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	66	74.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	74.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	74.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	74.2	42.9	37.7
Completely bedfast residents.	6	6.7	3.8	3.4
Residents confined to chairs.	2	2.2	58.6	50.8
Residents requiring restraints.	56	62.9	45.3	41.3
Confused or disoriented residents.	72	80.9	60.6	58.4
Residents with bed sores.	13	14.6	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS PROGRESSIVE CARE

Street Address: 8951 GRANITE HILL DR	**City and State:** RIVERSIDE CA 92509

Participation: MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	39.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	27	39.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	13	18.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	18.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	29.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	15.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	4	5.8	58.6	50.8
Residents requiring restraints.	6	8.7	45.3	41.3
Confused or disoriented residents.	40	58.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	2.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORANGETREE CONV HOSPITAL

Street Address: 4000 HARRISON ST	**City and State:** RIVERSIDE CA 92503

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 146	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	**Medicare Residents:** 2	**Medicaid Residents:** 136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	136	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	138	95.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	89.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	93.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	64.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	140	96.6	58.6	50.8
Residents requiring restraints.	135	93.1	45.3	41.3
Confused or disoriented residents.	139	95.9	60.6	58.4
Residents with bed sores.	7	4.8	8.8	7.1
Residents receiving special skin care.	7	4.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLYMOUTH TOWER

Street Address: 3401 LEMON ST	**City and State:** RIVERSIDE CA 92501

Participation: MEDICAID SNF	**# of Beds:** 36	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	28	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	25	78.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	71.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	78.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	21.9	42.9	37.7
Completely bedfast residents.	2	6.3	3.8	3.4
Residents confined to chairs.	16	50.0	58.6	50.8
Residents requiring restraints.	6	18.8	45.3	41.3
Confused or disoriented residents.	15	46.9	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	1	3.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA CONVALESCENT HOSPITAL

Street Address: 8965 MAGNOLIA AVENUE	**City and State:** RIVERSIDE CA 92503

Participation: MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	49	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	49	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	2.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	43	87.8	58.6	50.8
Residents requiring restraints.	22	44.9	45.3	41.3
Confused or disoriented residents.	36	73.5	60.6	58.4
Residents with bed sores.	1	2.0	8.8	7.1
Residents receiving special skin care.	13	26.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALIFORNIA CHRISTIAN HOME

Street Address: 8417 E MISSION DR	**City and State:** ROSEMEAD CA 91770

Participation: MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	96.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	38	69.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	33	60.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	85.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	61.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	40.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	19	34.5	58.6	50.8
Residents requiring restraints.	3	5.5	45.3	41.3
Confused or disoriented residents.	35	63.6	60.6	58.4
Residents with bed sores.	4	7.3	8.8	7.1
Residents receiving special skin care.	11	20.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEL MAR CONVALESCENT HOSPITAL

Street Address: 3136 N DEL MAR AVE		**City and State:** ROSEMEAD CA 91770	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	87.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	92.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	41	75.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	96.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	79.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	40.7	42.9	37.7
Completely bedfast residents.	4	7.4	3.8	3.4
Residents confined to chairs.	35	64.8	58.6	50.8
Residents requiring restraints.	24	44.4	45.3	41.3
Confused or disoriented residents.	42	77.8	60.6	58.4
Residents with bed sores.	7	13.0	8.8	7.1
Residents receiving special skin care.	22	40.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN ACRES LODGE

Street Address: 8101 E HILL DR	**City and State:** ROSEMEAD CA 91770

Participation: MEDICAID SNF	**# of Beds:** 85	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	36.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	38	45.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	7	8.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	2.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	9.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	4.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	71	85.5	60.6	58.4
Residents with bed sores.	1	1.2	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTEREY CARE CENTER

Street Address: 1267 N SAN GABRIEL BLVD	**City and State:** ROSEMEAD CA 91770

Participation: MEDICAID SNF	**# of Beds:** 115	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	51.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	48.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	62	60.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	29.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	60.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	11.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	1	1.0	58.6	50.8
Residents requiring restraints.	5	4.9	45.3	41.3
Confused or disoriented residents.	56	54.4	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	10	9.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN GABRIELD CONVALESCENT CENTER

Street Address: 8035 E HILL DRIVE	**City and State:** ROSEMEAD CA 91770

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	**Medicare Residents:** 6	**Medicaid Residents:** 144

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	143	95.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	150	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	137	91.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	91.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	137	91.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	40.7	42.9	37.7
Completely bedfast residents.	4	2.7	3.8	3.4
Residents confined to chairs.	116	77.3	58.6	50.8
Residents requiring restraints.	80	53.3	45.3	41.3
Confused or disoriented residents.	100	66.7	60.6	58.4
Residents with bed sores.	17	11.3	8.8	7.1
Residents receiving special skin care.	29	19.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-SIERRA NURSING CENTER

Street Address: 310 OAK RIDGE DRIVE		**City and State:** ROSEVILLE CA 95678	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 5	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	57	93.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	57	93.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	93.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	93.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	32.8	42.9	37.7
Completely bedfast residents.	3	4.9	3.8	3.4
Residents confined to chairs.	50	82.0	58.6	50.8
Residents requiring restraints.	50	82.0	45.3	41.3
Confused or disoriented residents.	57	93.4	60.6	58.4
Residents with bed sores.	4	6.6	8.8	7.1
Residents receiving special skin care.	14	23.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONV HOSP

Street Address: 600 SUNRISE AVENUE	**City and State:** ROSEVILLE CA 95678

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 1	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	78.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	88.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	73	82.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	82.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	73.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	98.9	42.9	37.7
Completely bedfast residents.	12	13.5	3.8	3.4
Residents confined to chairs.	53	59.6	58.6	50.8
Residents requiring restraints.	55	61.8	45.3	41.3
Confused or disoriented residents.	68	76.4	60.6	58.4
Residents with bed sores.	13	14.6	8.8	7.1
Residents receiving special skin care.	50	56.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEVILLE CONV HOSPITAL

Street Address: 1161 CIRBY WAY	**City and State:** ROSEVILLE CA 95678

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 210	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 193	**Medicare Residents:** 3	**Medicaid Residents:** 190

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	193	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	187	96.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	187	96.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	193	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	130	67.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	48.7	42.9	37.7
Completely bedfast residents.	4	2.1	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	112	58.0	45.3	41.3
Confused or disoriented residents.	115	59.6	60.6	58.4
Residents with bed sores.	4	2.1	8.8	7.1
Residents receiving special skin care.	54	28.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIERRA HILLS CARE CENTER

Street Address: 1139 CIRBY WAY	**City and State:** ROSEVILLE CA 95678

Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	1	100	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	1	100	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSS GENERAL HOSPITAL

Street Address: 1150 SIR FRANCIS DRAKE BLVD		**City and State:** ROSS CA 94957	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 18	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
8	8	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	62.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	8	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	7	87.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	37.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	50.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	1	12.5	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	2	25.0	60.6	58.4
Residents with bed sores.	1	12.5	8.8	7.1
Residents receiving special skin care.	4	50.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT RUBIDOUX CONV HOSP

Street Address: 6401 33RD STREET	**City and State:** RUBIDOUX CA 92509

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 143	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	85.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	85.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	81	81.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	77.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	82.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	49.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	77	77.0	58.6	50.8
Residents requiring restraints.	100	100	45.3	41.3
Confused or disoriented residents.	69	69.0	60.6	58.4
Residents with bed sores.	1	1.0	8.8	7.1
Residents receiving special skin care.	28	28.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASIAN COMMUNITY NURSING HOME

Street Address: 7801 RUSH RIVER DR.	**City and State:** SACRAMENTO CA 95831

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 3	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	75	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	93.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	93.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	63.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	42	52.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	31.3	42.9	37.7
Completely bedfast residents.	4	5.0	3.8	3.4
Residents confined to chairs.	49	61.2	58.6	50.8
Residents requiring restraints.	43	53.7	45.3	41.3
Confused or disoriented residents.	55	68.8	60.6	58.4
Residents with bed sores.	3	3.7	8.8	7.1
Residents receiving special skin care.	13	16.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPITAL CITY CONV HOSP

Street Address: 500 JESSIE AVE		**City and State:** SACRAMENTO CA 95838	
Participation: MEDICAID SNF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
158	0	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	151	95.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	151	95.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	46.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	29.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	46.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	23.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	7	4.4	58.6	50.8
Residents requiring restraints.	47	29.7	45.3	41.3
Confused or disoriented residents.	158	100	60.6	58.4
Residents with bed sores.	1	0.6	8.8	7.1
Residents receiving special skin care.	96	60.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTER SKILLED NURSING FACILITY

Street Address: 2257 FAIR OAKS BLVD	**City and State:** SACRAMENTO CA 95825

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 139	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD MANOR

Street Address: 2600 STOCKTON BLVD	**City and State:** SACRAMENTO CA 95817

Participation: MEDICAID SNF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 0	**Medicaid Residents:** 130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	18.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	24	18.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	4.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	130	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	4	3.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESKATON GLENWOOD ICF

Street Address: 501 JESSIE AVENUE	**City and State:** SACRAMENTO CA 95838

Participation: MEDICAID ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 0	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	76.2	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	78	63.9	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	7	5.7	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	17.2	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	2.5	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	115	94.3	23.8	55.8
Residents with bed sores.	1	0.8	0.5	4.7
Residents receiving special skin care.	37	30.3	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FLORIN CONVALESCENT HOSPITAL

Street Address: 7400 24TH STREET	**City and State:** SACRAMENTO CA 95822

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE CONV HOSP

Street Address: 5255 HEMLOCK ST		**City and State:** SACRAMENTO CA 95841	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	1	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	97.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	93	96.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	85.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	82.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	30.2	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	44	45.8	58.6	50.8
Residents requiring restraints.	47	49.0	45.3	41.3
Confused or disoriented residents.	18	18.8	60.6	58.4
Residents with bed sores.	4	4.2	8.8	7.1
Residents receiving special skin care.	6	6.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN SHERWOOD CONVALESCENT HOSP

Street Address: 4700 ELVAS AVENUE		**City and State:** SACRAMENTO CA 95819	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	0	8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	93.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	90.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	52	85.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	88.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	73.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	41.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	58	95.1	58.6	50.8
Residents requiring restraints.	41	67.2	45.3	41.3
Confused or disoriented residents.	47	77.0	60.6	58.4
Residents with bed sores.	12	19.7	8.8	7.1
Residents receiving special skin care.	18	29.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HY-LOND CONVALESCENT HOSPITAL

Street Address: 4635 COLLEGE OAK DRIVE		**City and State:** SACRAMENTO CA 95841	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCY HOSPITAL SNF

Street Address: 862 39TH ST	**City and State:** SACRAMENTO CA 95816

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 77	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	1	100	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIONEER HOUSE

Street Address: 415 P STREET	**City and State:** SACRAMENTO CA 95814

Participation: MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	97.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	35	74.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	31	66.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	72.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	72.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	8.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	24	51.1	58.6	50.8
Residents requiring restraints.	26	55.3	45.3	41.3
Confused or disoriented residents.	23	48.9	60.6	58.4
Residents with bed sores.	1	2.1	8.8	7.1
Residents receiving special skin care.	3	6.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER VALLEY NURSING CENTER

Street Address: 5000 FOLSOM BLVD	**City and State:** SACRAMENTO CA 95819

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 1	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	114	96.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	111	94.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	88.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	84.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	39.0	42.9	37.7
Completely bedfast residents.	5	4.2	3.8	3.4
Residents confined to chairs.	64	54.2	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	90	76.3	60.6	58.4
Residents with bed sores.	6	5.1	8.8	7.1
Residents receiving special skin care.	36	30.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE HEALTH CARE INC

Street Address: 1090 RIO LANE		**City and State:** SACRAMENTO CA 95822	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROYAL MANOR HEALTH CARE INC

Street Address: 5901 LEMON HILL AVE	**City and State:** SACRAMENTO CA 95824

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	93.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	98.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	42	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	85.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	85.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	53.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	17	34.7	58.6	50.8
Residents requiring restraints.	34	69.4	45.3	41.3
Confused or disoriented residents.	29	59.2	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	10	20.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SACRAMENTO CONV HOSP

Street Address: 3700 H ST	**City and State:** SACRAMENTO CA 95816

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 1	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	50.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	73	85.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	76	89.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	88.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	62.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	42.4	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	44	51.8	58.6	50.8
Residents requiring restraints.	80	94.1	45.3	41.3
Confused or disoriented residents.	46	54.1	60.6	58.4
Residents with bed sores.	6	7.1	8.8	7.1
Residents receiving special skin care.	6	7.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAINT CLAIR'S NURSING CTR

Street Address: 6248 66TH AVE	**City and State:** SACRAMENTO CA 95823

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 1	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	88.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	47	92.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	90.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	72.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	54.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	47	92.2	58.6	50.8
Residents requiring restraints.	35	68.6	45.3	41.3
Confused or disoriented residents.	42	82.4	60.6	58.4
Residents with bed sores.	7	13.7	8.8	7.1
Residents receiving special skin care.	15	29.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAYLOR LANE CONVALESCENT HOSPITAL

Street Address: 3500 FOLSOM BLVD		**City and State:** SACRAMENTO CA 95816	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	73.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	31	73.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	31	73.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	78.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	50.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	26.2	42.9	37.7
Completely bedfast residents.	1	2.4	3.8	3.4
Residents confined to chairs.	10	23.8	58.6	50.8
Residents requiring restraints.	22	52.4	45.3	41.3
Confused or disoriented residents.	24	57.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	7	16.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUTTER OAKS NURISNG CENTER - MIDTOWN

Street Address: 2600 L ST	**City and State:** SACRAMENTO CA 95816

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 132	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUTTER OAKS NURSING CENTER-ARDEN

Street Address: 3400 ALTA ARDEN EXPRESSWAY	**City and State:** SACRAMENTO CA 95825

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 190	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRINITY HOUSE

Street Address: 2701 CAPITOL AVE		**City and State:** SACRAMENTO CA 95816	
Participation: MEDICAID SNF	**# of Beds:** 29	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	25	89.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	22	78.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	89.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	67.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	28.6	42.9	37.7
Completely bedfast residents.	1	3.6	3.8	3.4
Residents confined to chairs.	12	42.9	58.6	50.8
Residents requiring restraints.	12	42.9	45.3	41.3
Confused or disoriented residents.	18	64.3	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	7.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY SKILLED NURSING FACILITY

Street Address: 2120 STOCKTON BLVD		**City and State:** SACRAMENTO CA 95817	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	82.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	89.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	52	91.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	91.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	91.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	42.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	54	94.7	58.6	50.8
Residents requiring restraints.	33	57.9	45.3	41.3
Confused or disoriented residents.	40	70.2	60.6	58.4
Residents with bed sores.	7	12.3	8.8	7.1
Residents receiving special skin care.	15	26.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-MADRONE NURSING CTR

Street Address: 830 PRATT AVE	**City and State:** SAINT HELENA CA 94574

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 4	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	95.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	96.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	54	90.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	8.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	90.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	53.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	50	83.3	58.6	50.8
Residents requiring restraints.	26	43.3	45.3	41.3
Confused or disoriented residents.	44	73.3	60.6	58.4
Residents with bed sores.	5	8.3	8.8	7.1
Residents receiving special skin care.	17	28.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASA SERENA SKILLED NURSING/REHAB HSP

Street Address: 720 EAST ROMIE LANE	**City and State:** SALINAS CA 93901

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 3	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	40.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	94.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	83	92.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	94.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	93.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	31.1	42.9	37.7
Completely bedfast residents.	2	2.2	3.8	3.4
Residents confined to chairs.	38	42.2	58.6	50.8
Residents requiring restraints.	72	80.0	45.3	41.3
Confused or disoriented residents.	87	96.7	60.6	58.4
Residents with bed sores.	6	6.7	8.8	7.1
Residents receiving special skin care.	90	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DRIFTWOOD CONV HOSP

Street Address: 350 IRIS DRIVE	**City and State:** SALINAS CA 93906

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 3	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	98.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	88	94.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	81	87.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	79.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	64.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	47.3	42.9	37.7
Completely bedfast residents.	2	2.2	3.8	3.4
Residents confined to chairs.	66	71.0	58.6	50.8
Residents requiring restraints.	53	57.0	45.3	41.3
Confused or disoriented residents.	56	60.2	60.6	58.4
Residents with bed sores.	5	5.4	8.8	7.1
Residents receiving special skin care.	17	18.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KATHERINE CONV HOSP

Street Address: 315 ALAMEDA ST	**City and State:** SALINAS CA 93901

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	93.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	79.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	65.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	71.4	42.9	37.7
Completely bedfast residents.	2	4.1	3.8	3.4
Residents confined to chairs.	22	44.9	58.6	50.8
Residents requiring restraints.	24	49.0	45.3	41.3
Confused or disoriented residents.	33	67.3	60.6	58.4
Residents with bed sores.	1	2.0	8.8	7.1
Residents receiving special skin care.	2	4.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NATIVIDAD MEDICAL CENTER

Street Address: 1330 NATIVIDAD ROAD	**City and State:** SALINAS CA 93906

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 52	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 3	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	95.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	49	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	98.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	95.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	98.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	79.6	42.9	37.7
Completely bedfast residents.	2	4.1	3.8	3.4
Residents confined to chairs.	43	87.8	58.6	50.8
Residents requiring restraints.	28	57.1	45.3	41.3
Confused or disoriented residents.	44	89.8	60.6	58.4
Residents with bed sores.	3	6.1	8.8	7.1
Residents receiving special skin care.	5	10.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SALINAS CARE CENTER INC

Street Address: 637 E ROMIE LANE	**City and State:** SALINAS CA 93901

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	70.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	91	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	87	89.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	84.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	81.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.9	42.9	37.7
Completely bedfast residents.	3	3.1	3.8	3.4
Residents confined to chairs.	84	86.6	58.6	50.8
Residents requiring restraints.	56	57.7	45.3	41.3
Confused or disoriented residents.	48	49.5	60.6	58.4
Residents with bed sores.	12	12.4	8.8	7.1
Residents receiving special skin care.	12	12.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SKYLINE CONVALESCENT HOSPITAL

Street Address: 348 IRIS DRIVE	**City and State:** SALINAS CA 93906

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 2	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	97.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	73	92.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	73	92.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	87.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	73.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	48.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	49	62.0	58.6	50.8
Residents requiring restraints.	55	69.6	45.3	41.3
Confused or disoriented residents.	43	54.4	60.6	58.4
Residents with bed sores.	5	6.3	8.8	7.1
Residents receiving special skin care.	4	5.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARK TWAIN CONVALESCENT HOSPITAL

Street Address: 900 MOUNTAIN RANCH RD		**City and State:** SAN ANDREAS CA 95249	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	1	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	94.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	86	93.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	89.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	89.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	58.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	40.2	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	72	78.3	58.6	50.8
Residents requiring restraints.	42	45.7	45.3	41.3
Confused or disoriented residents.	72	78.3	60.6	58.4
Residents with bed sores.	7	7.6	8.8	7.1
Residents receiving special skin care.	30	32.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN ANDREAS CONV HOSP

Street Address: 556 TOYAN RD	**City and State:** SAN ANDREAS CA 95249

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 33	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 1	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	96.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	25	80.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	25	80.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	80.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	67.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	51.6	42.9	37.7
Completely bedfast residents.	5	16.1	3.8	3.4
Residents confined to chairs.	16	51.6	58.6	50.8
Residents requiring restraints.	13	41.9	45.3	41.3
Confused or disoriented residents.	21	67.7	60.6	58.4
Residents with bed sores.	3	9.7	8.8	7.1
Residents receiving special skin care.	16	51.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEL ROSA VILLA

Street Address: 2018 N. DEL ROSA AVE.	**City and State:** SAN BERNADINO CA 92404

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	67.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	59	59.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	77	77.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	77.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	79.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	27.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	58	58.6	58.6	50.8
Residents requiring restraints.	58	58.6	45.3	41.3
Confused or disoriented residents.	84	84.8	60.6	58.4
Residents with bed sores.	6	6.1	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARROWHEAD HOME

Street Address: 4343 N SIERRA WAY		**City and State:** SAN BERNARDINO CA 92407	
Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	46.6	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	29	50.0	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	1.7	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	1.7	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	0	0.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	2	3.4	10.4	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEL ROSA CONV HOSP

Street Address: 1311 DATE ST	**City and State:** SAN BERNARDINO CA 92404

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 1	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	72.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	68	81.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	71.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	73.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	71.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	20.2	42.9	37.7
Completely bedfast residents.	5	6.0	3.8	3.4
Residents confined to chairs.	70	83.3	58.6	50.8
Residents requiring restraints.	33	39.3	45.3	41.3
Confused or disoriented residents.	37	44.0	60.6	58.4
Residents with bed sores.	2	2.4	8.8	7.1
Residents receiving special skin care.	3	3.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST NURSING HOME

Street Address: 4280 CYPRESS DRIVE	**City and State:** SAN BERNARDINO CA 92407

Participation: MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	98.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	47	85.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	43.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	85.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	27.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	3.6	58.6	50.8
Residents requiring restraints.	3	5.5	45.3	41.3
Confused or disoriented residents.	55	100	60.6	58.4
Residents with bed sores.	3	5.5	8.8	7.1
Residents receiving special skin care.	3	5.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICAL CENTER CONV HOSP

Street Address: 467 E GILBERT ST	**City and State:** SAN BERNARDINO CA 92404

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 25	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	25.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	75	75.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	75.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	75.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	75.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	75.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PACIFIC PARK CONV HOSP

Street Address: 1676 MEDICAL CENTER DR	**City and State:** SAN BERNARDINO CA 92411

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	54.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	83.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	78.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	78.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	61.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	20.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	85	89.5	58.6	50.8
Residents requiring restraints.	80	84.2	45.3	41.3
Confused or disoriented residents.	90	94.7	60.6	58.4
Residents with bed sores.	4	4.2	8.8	7.1
Residents receiving special skin care.	12	12.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHANDIN HILLS BEHAVIOR THERAPY CENTER

Street Address: 4164 NORTH 4TH AVENUE	**City and State:** SAN BERNARDINO CA 92407

Participation: MEDICAID SNF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	48.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	61.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	33	42.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	26.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	42.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	9.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	2.6	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	45	57.7	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	9	11.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHEA CONVALESCENT HOSPITAL

Street Address: 1335 N WATERMAN AVE	**City and State:** SAN BERNARDINO CA 92404

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	79.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	95	79.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	103	85.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	85.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	39.2	42.9	37.7
Completely bedfast residents.	10	8.3	3.8	3.4
Residents confined to chairs.	82	68.3	58.6	50.8
Residents requiring restraints.	70	58.3	45.3	41.3
Confused or disoriented residents.	50	41.7	60.6	58.4
Residents with bed sores.	13	10.8	8.8	7.1
Residents receiving special skin care.	13	10.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY CONVALESCENT HOSPITAL

Street Address: 1680 N WATERMAN AVE	**City and State:** SAN BERNARDINO CA 92404

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 9	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	90.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	117	96.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	116	95.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	95.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	82.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	43.0	42.9	37.7
Completely bedfast residents.	2	1.7	3.8	3.4
Residents confined to chairs.	15	12.4	58.6	50.8
Residents requiring restraints.	39	32.2	45.3	41.3
Confused or disoriented residents.	43	35.5	60.6	58.4
Residents with bed sores.	18	14.9	8.8	7.1
Residents receiving special skin care.	10	8.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WATERMAN CONV HOSP

Street Address: 1850 N WATERMAN AVE	**City and State:** SAN BERNARDINO CA 92404

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	**Medicare Residents:** 7	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	153	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	153	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	138	90.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	96.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	138	90.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	78	51.0	42.9	37.7
Completely bedfast residents.	6	3.9	3.8	3.4
Residents confined to chairs.	141	92.2	58.6	50.8
Residents requiring restraints.	141	92.2	45.3	41.3
Confused or disoriented residents.	133	86.9	60.6	58.4
Residents with bed sores.	8	5.2	8.8	7.1
Residents receiving special skin care.	2	1.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN BRUNO CONV HOSP

Street Address: 890 EL CAMINO REAL	**City and State:** SAN BRUNO CA 94066

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	93.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	43	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	79.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	69.8	42.9	37.7
Completely bedfast residents.	1	2.3	3.8	3.4
Residents confined to chairs.	28	65.1	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	40	93.0	60.6	58.4
Residents with bed sores.	3	7.0	8.8	7.1
Residents receiving special skin care.	3	7.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMI MISSION BAY MEMORIAL HOSPITAL

Street Address: 3030 BUNKER HILL STREET		**City and State:** SAN DIEGO CA 92109	
Participation: MEDICARE SNF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 11	**Medicare Residents:** 11	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	63.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	10	90.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	8	72.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	90.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	63.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	9.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	18.2	42.9	37.7
Completely bedfast residents.	1	9.1	3.8	3.4
Residents confined to chairs.	2	18.2	58.6	50.8
Residents requiring restraints.	2	18.2	45.3	41.3
Confused or disoriented residents.	4	36.4	60.6	58.4
Residents with bed sores.	3	27.3	8.8	7.1
Residents receiving special skin care.	4	36.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARROYO VISTA CONVALESCENT CENTER

Street Address: 3022 45TH ST		**City and State:** SAN DIEGO CA 92105	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 2	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	92.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	49	96.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	90.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	96.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	90.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	72.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	11	21.6	58.6	50.8
Residents requiring restraints.	43	84.3	45.3	41.3
Confused or disoriented residents.	40	78.4	60.6	58.4
Residents with bed sores.	6	11.8	8.8	7.1
Residents receiving special skin care.	29	56.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHILDRENS CONV HOSP

Street Address: 8022 BIRMINGHAM DRIVE		**City and State:** SAN DIEGO CA 92123	
Participation: MEDICAID SNF	**# of Beds:** 55	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
5	0	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	5	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	5	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	5	100	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	5	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLOISTERS OF MISSION HILLS CONV HOSP

Street Address: 3680 REYNARD WAY	**City and State:** SAN DIEGO CA 92103

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	62	89.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	54	78.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	89.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	78.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	4.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	43.5	42.9	37.7
Completely bedfast residents.	2	2.9	3.8	3.4
Residents confined to chairs.	22	31.9	58.6	50.8
Residents requiring restraints.	50	72.5	45.3	41.3
Confused or disoriented residents.	43	62.3	60.6	58.4
Residents with bed sores.	6	8.7	8.8	7.1
Residents receiving special skin care.	12	17.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY HOSPITAL OF SAN DIEGO

Street Address: 446 26TH STREET	**City and State:** SAN DIEGO CA 92102

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 187	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 36	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	94.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	36	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	36	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	94.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	5.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	91.7	42.9	37.7
Completely bedfast residents.	3	8.3	3.8	3.4
Residents confined to chairs.	27	75.0	58.6	50.8
Residents requiring restraints.	23	63.9	45.3	41.3
Confused or disoriented residents.	32	88.9	60.6	58.4
Residents with bed sores.	8	22.2	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEL CAPRI TERRACE CONV HOSP

Street Address: 5602 UNIVERSITY AVE		**City and State:** SAN DIEGO CA 92105	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
86	6	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	84	97.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	87.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	82.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	64.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	65.1	42.9	37.7
Completely bedfast residents.	2	2.3	3.8	3.4
Residents confined to chairs.	47	54.7	58.6	50.8
Residents requiring restraints.	49	57.0	45.3	41.3
Confused or disoriented residents.	57	66.3	60.6	58.4
Residents with bed sores.	6	7.0	8.8	7.1
Residents receiving special skin care.	54	62.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EUCLID CONV CENTER

Street Address: L350 EUCLID AVE	**City and State:** SAN DIEGO CA 92105

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 2	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	76.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	94	96.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	91	93.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	86.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	90.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	37.1	42.9	37.7
Completely bedfast residents.	3	3.1	3.8	3.4
Residents confined to chairs.	91	93.8	58.6	50.8
Residents requiring restraints.	76	78.4	45.3	41.3
Confused or disoriented residents.	62	63.9	60.6	58.4
Residents with bed sores.	14	14.4	8.8	7.1
Residents receiving special skin care.	47	48.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRASER-HALL CONV HOSP

Street Address: 726 TORRANCE ST	**City and State:** SAN DIEGO CA 92103

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	19.4	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	16	44.4	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	29	80.6	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	27.8	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	5.6	13.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.8	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	2.8	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	10	27.8	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	2	5.6	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FROST STREET CONVALESCENT HOSPITAL

Street Address: 8060 FROST ST	**City and State:** SAN DIEGO CA 92123

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 6	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	88.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	95	96.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	81.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	83.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	81.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	46.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	58	59.2	58.6	50.8
Residents requiring restraints.	63	64.3	45.3	41.3
Confused or disoriented residents.	61	62.2	60.6	58.4
Residents with bed sores.	25	25.5	8.8	7.1
Residents receiving special skin care.	30	30.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GEORGIAN COURT NURSING & REHAB CTR

Street Address: 2828 MEADOWLARK DRIVE	**City and State:** SAN DIEGO CA 92123

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 305	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 270	**Medicare Residents:** 20	**Medicaid Residents:** 182

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	216	80.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	248	91.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	225	83.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	218	80.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	206	76.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	7	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	146	54.1	42.9	37.7
Completely bedfast residents.	4	1.5	3.8	3.4
Residents confined to chairs.	169	62.6	58.6	50.8
Residents requiring restraints.	171	63.3	45.3	41.3
Confused or disoriented residents.	198	73.3	60.6	58.4
Residents with bed sores.	32	11.9	8.8	7.1
Residents receiving special skin care.	32	11.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN HILL HEALTHCARE CENTER

Street Address: 1201 34TH STREET		**City and State:** SAN DIEGO CA 92102	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	7	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	93.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	80	86.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	86.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	86.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	75.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	39.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	82	88.2	58.6	50.8
Residents requiring restraints.	47	50.5	45.3	41.3
Confused or disoriented residents.	49	52.7	60.6	58.4
Residents with bed sores.	23	24.7	8.8	7.1
Residents receiving special skin care.	50	53.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST REHABILITATION CONV CTR

Street Address: 3520 4TH AVE	**City and State:** SAN DIEGO CA 92103

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 194	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 177	**Medicare Residents:** 17	**Medicaid Residents:** 131

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	90.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	162	91.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	149	84.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	89.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	139	78.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	109	61.6	42.9	37.7
Completely bedfast residents.	9	5.1	3.8	3.4
Residents confined to chairs.	143	80.8	58.6	50.8
Residents requiring restraints.	114	64.4	45.3	41.3
Confused or disoriented residents.	86	48.6	60.6	58.4
Residents with bed sores.	20	11.3	8.8	7.1
Residents receiving special skin care.	51	28.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSIDE HOSPITAL D/P

Street Address: 1940 EL CAJON BLVD		**City and State:** SAN DIEGO CA 92104	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 133	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 6	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	60.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	21	91.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	21	91.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	91.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	39.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	13.0	42.9	37.7
Completely bedfast residents.	3	13.0	3.8	3.4
Residents confined to chairs.	15	65.2	58.6	50.8
Residents requiring restraints.	3	13.0	45.3	41.3
Confused or disoriented residents.	4	17.4	60.6	58.4
Residents with bed sores.	3	13.0	8.8	7.1
Residents receiving special skin care.	16	69.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KEARNEY MESA CONV AND NURSING HOME

Street Address: 7675 FAMILY CIRCLE DRIVE	**City and State:** SAN DIEGO CA 92111

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	88	89.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	77	78.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	82.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	80.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	36.7	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	74	75.5	58.6	50.8
Residents requiring restraints.	48	49.0	45.3	41.3
Confused or disoriented residents.	54	55.1	60.6	58.4
Residents with bed sores.	1	1.0	8.8	7.1
Residents receiving special skin care.	38	38.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KNOLLWOOD WEST CONV HOSP

Street Address: 7944 BIRMINGHAM DRIVE		**City and State:** SAN DIEGO CA 92123	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 166	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
164	14	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	85.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	147	89.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	143	87.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	87.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	81.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	82	50.0	42.9	37.7
Completely bedfast residents.	15	9.1	3.8	3.4
Residents confined to chairs.	117	71.3	58.6	50.8
Residents requiring restraints.	88	53.7	45.3	41.3
Confused or disoriented residents.	98	59.8	60.6	58.4
Residents with bed sores.	24	14.6	8.8	7.1
Residents receiving special skin care.	42	25.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWLARK CONV HOSP

Street Address: 8001 BIRMINGHAM DR	**City and State:** SAN DIEGO CA 92123

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 92	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 1	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	31.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	76	82.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	79	85.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	73.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	95.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	50.0	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	54	58.7	58.6	50.8
Residents requiring restraints.	74	80.4	45.3	41.3
Confused or disoriented residents.	78	84.8	60.6	58.4
Residents with bed sores.	6	6.5	8.8	7.1
Residents receiving special skin care.	56	60.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MISSION CONV HOSP

Street Address: 4033 6TH AVE EXTENSION		**City and State:** SAN DIEGO CA 92103	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
86	5	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	90.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	78	90.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	67	77.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	79.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	79.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	48	55.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	36.0	42.9	37.7
Completely bedfast residents.	4	4.7	3.8	3.4
Residents confined to chairs.	51	59.3	58.6	50.8
Residents requiring restraints.	52	60.5	45.3	41.3
Confused or disoriented residents.	42	48.8	60.6	58.4
Residents with bed sores.	16	18.6	8.8	7.1
Residents receiving special skin care.	34	39.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NAZARETH HOUSE

Street Address: 6333 RANCHO MISSION RD		**City and State:** SAN DIEGO CA 92108	
Participation: MEDICAID SNF/ICF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
38	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	97.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	37	97.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	29	76.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	68.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	84.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	47.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	14	36.8	58.6	50.8
Residents requiring restraints.	13	34.2	45.3	41.3
Confused or disoriented residents.	21	55.3	60.6	58.4
Residents with bed sores.	3	7.9	8.8	7.1
Residents receiving special skin care.	1	2.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARADISE HILLS CONV CENTER

Street Address: 6061 BANBURY ST	**City and State:** SAN DIEGO CA 92139

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 151	**Medicare Residents:** 13	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	89.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	150	99.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	150	99.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	99.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	143	94.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	101	66.9	42.9	37.7
Completely bedfast residents.	13	8.6	3.8	3.4
Residents confined to chairs.	126	83.4	58.6	50.8
Residents requiring restraints.	75	49.7	45.3	41.3
Confused or disoriented residents.	100	66.2	60.6	58.4
Residents with bed sores.	13	8.6	8.8	7.1
Residents receiving special skin care.	22	14.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

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NURSING HOME PROFILE
POINT LOMA CONV HOSP

Street Address: 3202 DUKE ST		**City and State:** SAN DIEGO CA 92110	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	3	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	2.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	109	98.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	97	87.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	96.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	57.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	33.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	43	38.7	58.6	50.8
Residents requiring restraints.	73	65.8	45.3	41.3
Confused or disoriented residents.	57	51.4	60.6	58.4
Residents with bed sores.	17	15.3	8.8	7.1
Residents receiving special skin care.	8	7.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN DIEGO HEBREW HOME FOR THE AGED

Street Address: 4075 54TH STREET		**City and State:** SAN DIEGO CA 92105	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	78.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	85.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	60.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	67.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	53.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	26.8	42.9	37.7
Completely bedfast residents.	2	2.8	3.8	3.4
Residents confined to chairs.	28	39.4	58.6	50.8
Residents requiring restraints.	2	2.8	45.3	41.3
Confused or disoriented residents.	49	69.0	60.6	58.4
Residents with bed sores.	2	2.8	8.8	7.1
Residents receiving special skin care.	14	19.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN DIEGO INTERMEDIATE CARE CTR

Street Address: 1119 28TH STREET	**City and State:** SAN DIEGO CA 92102

Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	81.1	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	17	45.9	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	8	21.6	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	13.5	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	10.8	13.2	59.1
Residents on individually written bowel and bladder retraining program.	6	16.2	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	5.4	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	2.7	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	10	27.0	23.8	55.8
Residents with bed sores.	1	2.7	0.5	4.7
Residents receiving special skin care.	7	18.9	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST PAULS HEALTH CARE CENTER

Street Address: 235 NUTMEG	**City and State:** SAN DIEGO CA 92103

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	83.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	92.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	50	89.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	75.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	33.9	42.9	37.7
Completely bedfast residents.	1	1.8	3.8	3.4
Residents confined to chairs.	34	60.7	58.6	50.8
Residents requiring restraints.	3	5.4	45.3	41.3
Confused or disoriented residents.	40	71.4	60.6	58.4
Residents with bed sores.	4	7.1	8.8	7.1
Residents receiving special skin care.	4	7.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASA BONITA CONVALESCENT HOSPITAL

Street Address: 535 E BONITA AVENUE		**City and State:** SAN DIMAS CA 91773	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	3	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	84.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	97	97.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	89	89.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	78.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	56.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	96	96.0	42.9	37.7
Completely bedfast residents.	3	3.0	3.8	3.4
Residents confined to chairs.	31	31.0	58.6	50.8
Residents requiring restraints.	60	60.0	45.3	41.3
Confused or disoriented residents.	35	35.0	60.6	58.4
Residents with bed sores.	13	13.0	8.8	7.1
Residents receiving special skin care.	5	5.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY HILLS CONVALESCENT HOSPITAL

Street Address: 14122 HUBBARD STREET		**City and State:** SAN FERNANDO CA 91340	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	6	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	89.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	59	85.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	47	68.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	66.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	60.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	46.4	42.9	37.7
Completely bedfast residents.	1	1.4	3.8	3.4
Residents confined to chairs.	50	72.5	58.6	50.8
Residents requiring restraints.	29	42.0	45.3	41.3
Confused or disoriented residents.	51	73.9	60.6	58.4
Residents with bed sores.	5	7.2	8.8	7.1
Residents receiving special skin care.	1	1.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORESTER HAVEN

Street Address: 12249 N LOPEZ CANYON RD	**City and State:** SAN FERNANDO CA 91342

Participation: MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	46.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	16	61.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	14	53.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	69.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	65.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	34.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	11	42.3	58.6	50.8
Residents requiring restraints.	10	38.5	45.3	41.3
Confused or disoriented residents.	9	34.6	60.6	58.4
Residents with bed sores.	2	7.7	8.8	7.1
Residents receiving special skin care.	13	50.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLY CROSS HOSPITAL SNF

Street Address: 15031 RINALDI STREET	**City and State:** SAN FERNANDO CA 91345

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 36	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 7	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	83.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	20	83.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	20	83.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	37.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	29.2	42.9	37.7
Completely bedfast residents.	4	16.7	3.8	3.4
Residents confined to chairs.	4	16.7	58.6	50.8
Residents requiring restraints.	5	20.8	45.3	41.3
Confused or disoriented residents.	5	20.8	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	4	16.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 1477 GROVE ST	**City and State:** SAN FRANCISCO CA 94117

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 168	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 3	**Medicaid Residents:** 146

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	164	98.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	160	95.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	160	95.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	95.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	162	97.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	26.3	42.9	37.7
Completely bedfast residents.	2	1.2	3.8	3.4
Residents confined to chairs.	160	95.8	58.6	50.8
Residents requiring restraints.	132	79.0	45.3	41.3
Confused or disoriented residents.	142	85.0	60.6	58.4
Residents with bed sores.	11	6.6	8.8	7.1
Residents receiving special skin care.	18	10.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRODERICK CONV HOSP

Street Address: 1421 BRODERICK ST		**City and State:** SAN FRANCISCO CA 94115	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	56.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	40	83.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	31	64.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	68.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	54.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	41.7	42.9	37.7
Completely bedfast residents.	3	6.3	3.8	3.4
Residents confined to chairs.	22	45.8	58.6	50.8
Residents requiring restraints.	27	56.3	45.3	41.3
Confused or disoriented residents.	22	45.8	60.6	58.4
Residents with bed sores.	2	4.2	8.8	7.1
Residents receiving special skin care.	7	14.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL GARDENS CONV HOSP

Street Address: 1355 ELLIS ST		**City and State:** SAN FRANCISCO CA 94115	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	75	87.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	91.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	73	84.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	83.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	88.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	44.2	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	34	39.5	58.6	50.8
Residents requiring restraints.	38	44.2	45.3	41.3
Confused or disoriented residents.	66	76.7	60.6	58.4
Residents with bed sores.	5	5.8	8.8	7.1
Residents receiving special skin care.	21	24.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONVALESCENT CENTER MISSION ST INC

Street Address: 5767 MISSION ST		**City and State:** SAN FRANCISCO CA 94112	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	49	94.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	88.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	88.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	78.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	18	34.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	36.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	22	42.3	58.6	50.8
Residents requiring restraints.	28	53.8	45.3	41.3
Confused or disoriented residents.	25	48.1	60.6	58.4
Residents with bed sores.	3	5.8	8.8	7.1
Residents receiving special skin care.	3	5.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRENCH HOSP AND MEDICAL CTR - SNF

Street Address: 4131 GEARY BLVD	**City and State:** SAN FRANCISCO CA 94118

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 17	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	30	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	30	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	30	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	40.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	40.0	42.9	37.7
Completely bedfast residents.	3	10.0	3.8	3.4
Residents confined to chairs.	7	23.3	58.6	50.8
Residents requiring restraints.	30	100	45.3	41.3
Confused or disoriented residents.	6	20.0	60.6	58.4
Residents with bed sores.	5	16.7	8.8	7.1
Residents receiving special skin care.	5	16.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDEN SULLIVAN HOSP PACIFIC MED CTR

Street Address: 2750 GEARY BLVD	**City and State:** SAN FRANCISCO CA 94118

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 7	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	70.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	17	70.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	16	66.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	66.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	58.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	37.5	42.9	37.7
Completely bedfast residents.	5	20.8	3.8	3.4
Residents confined to chairs.	8	33.3	58.6	50.8
Residents requiring restraints.	4	16.7	45.3	41.3
Confused or disoriented residents.	6	25.0	60.6	58.4
Residents with bed sores.	8	33.3	8.8	7.1
Residents receiving special skin care.	19	79.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAYES CONVALESCENT HOSPITAL

Street Address: 1250 HAYES STREET		**City and State:** SAN FRANCISCO CA 94117	
Participation: MEDICAID SNF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
32	0	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	29	90.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	28	87.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	84.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	84.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	9.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	53.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	21	65.6	58.6	50.8
Residents requiring restraints.	22	68.8	45.3	41.3
Confused or disoriented residents.	19	59.4	60.6	58.4
Residents with bed sores.	3	9.4	8.8	7.1
Residents receiving special skin care.	32	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEBREW HOME FOR THE AGED

Street Address: 302 SILVER AVE	**City and State:** SAN FRANCISCO CA 94112

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 414	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 391	**Medicare Residents:** 111	**Medicaid Residents:** 246

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	364	93.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	270	69.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	201	51.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	291	74.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	219	56.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	124	31.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	166	42.5	58.6	50.8
Residents requiring restraints.	86	22.0	45.3	41.3
Confused or disoriented residents.	195	49.9	60.6	58.4
Residents with bed sores.	12	3.1	8.8	7.1
Residents receiving special skin care.	100	25.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN SAN FRANCISCO

Street Address: 1359 PINE ST	**City and State:** SAN FRANCISCO CA 94109

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	**Medicare Residents:** 7	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	71.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	142	92.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	132	86.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	87.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	62.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	31.4	42.9	37.7
Completely bedfast residents.	9	5.9	3.8	3.4
Residents confined to chairs.	75	49.0	58.6	50.8
Residents requiring restraints.	92	60.1	45.3	41.3
Confused or disoriented residents.	83	54.2	60.6	58.4
Residents with bed sores.	25	16.3	8.8	7.1
Residents receiving special skin care.	74	48.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN VICTORIAN

Street Address: 2121 PINE ST	**City and State:** SAN FRANCISCO CA 94115

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	1	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	60.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	76	88.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	76	88.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	76.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	76.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	81.4	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	66	76.7	58.6	50.8
Residents requiring restraints.	66	76.7	45.3	41.3
Confused or disoriented residents.	36	41.9	60.6	58.4
Residents with bed sores.	13	15.1	8.8	7.1
Residents receiving special skin care.	20	23.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN-LAWTON CONV HOSP

Street Address: 1575 7TH AVE		**City and State:** SAN FRANCISCO CA 94122	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	1	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	93.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	85.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	63	98.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	85.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	98.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	29.7	42.9	37.7
Completely bedfast residents.	1	1.6	3.8	3.4
Residents confined to chairs.	45	70.3	58.6	50.8
Residents requiring restraints.	55	85.9	45.3	41.3
Confused or disoriented residents.	55	85.9	60.6	58.4
Residents with bed sores.	1	1.6	8.8	7.1
Residents receiving special skin care.	3	4.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN-SAN FRANCISCO

Street Address: 2043 19TH AVENUE	**City and State:** SAN FRANCISCO CA 94116

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 4	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	90.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	122	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	115	88.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	86.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	74.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	45.4	42.9	37.7
Completely bedfast residents.	6	4.6	3.8	3.4
Residents confined to chairs.	95	73.1	58.6	50.8
Residents requiring restraints.	58	44.6	45.3	41.3
Confused or disoriented residents.	59	45.4	60.6	58.4
Residents with bed sores.	16	12.3	8.8	7.1
Residents receiving special skin care.	24	18.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAGUNA HONDA HOSP

Street Address: 375 LAGUNA HONDA BLVD		**City and State:** SAN FRANCISCO CA 94116	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 999	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 999	**Medicare Residents:** 18	**Medicaid Residents:** 900

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	900	90.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	879	88.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	876	87.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	881	88.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	868	86.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	596	59.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARSHAL HALE MEMORIAL HOSP

Street Address: 3773 SACRAMENTO ST	**City and State:** SAN FRANCISCO CA 94118

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 37	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 19	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	78.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	22	78.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	22	78.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	78.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	42.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	42.9	42.9	37.7
Completely bedfast residents.	4	14.3	3.8	3.4
Residents confined to chairs.	18	64.3	58.6	50.8
Residents requiring restraints.	4	14.3	45.3	41.3
Confused or disoriented residents.	7	25.0	60.6	58.4
Residents with bed sores.	3	10.7	8.8	7.1
Residents receiving special skin care.	4	14.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MISSION BAY CONVALESCENT HOSPITAL

Street Address: 331 PENNSYLVANIA AVE		**City and State:** SAN FRANCISCO CA 94107	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	41	85.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	81.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	22.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	18	37.5	58.6	50.8
Residents requiring restraints.	17	35.4	45.3	41.3
Confused or disoriented residents.	44	91.7	60.6	58.4
Residents with bed sores.	3	6.3	8.8	7.1
Residents receiving special skin care.	3	6.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MISSION VILLA CONV HOSP

Street Address: 1420 HAMPSHIRE ST		**City and State:** SAN FRANCISCO CA 94110	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	32	88.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	33	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	86.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	27.8	42.9	37.7
Completely bedfast residents.	1	2.8	3.8	3.4
Residents confined to chairs.	32	88.9	58.6	50.8
Residents requiring restraints.	19	52.8	45.3	41.3
Confused or disoriented residents.	22	61.1	60.6	58.4
Residents with bed sores.	1	2.8	8.8	7.1
Residents receiving special skin care.	2	5.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT.ZION HOSPITAL SNF/DP

Street Address: 1600 DIVISADERO ST	**City and State:** SAN FRANCISCO CA 94120

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 31	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	26	96.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	26	96.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	26	96.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	92.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	85.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	18.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	66.7	42.9	37.7
Completely bedfast residents.	6	22.2	3.8	3.4
Residents confined to chairs.	7	25.9	58.6	50.8
Residents requiring restraints.	10	37.0	45.3	41.3
Confused or disoriented residents.	16	59.3	60.6	58.4
Residents with bed sores.	13	48.1	8.8	7.1
Residents receiving special skin care.	12	44.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE TOWERS CONVALESCENT HOSPITAL

Street Address: 2707 PINE ST	**City and State:** SAN FRANCISCO CA 94115

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 3	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	88.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	102	91.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	86	77.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	69.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	79.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	31.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	20	18.0	58.6	50.8
Residents requiring restraints.	20	18.0	45.3	41.3
Confused or disoriented residents.	40	36.0	60.6	58.4
Residents with bed sores.	14	12.6	8.8	7.1
Residents receiving special skin care.	30	27.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RALPH K DAVIES MEDICAL CENTER

Street Address: CASTRO + DUBOCE STS	**City and State:** SAN FRANCISCO CA 94114

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 51	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 6	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	82.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	21	91.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	20	87.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	82.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	60.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	21.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	52.2	42.9	37.7
Completely bedfast residents.	7	30.4	3.8	3.4
Residents confined to chairs.	13	56.5	58.6	50.8
Residents requiring restraints.	5	21.7	45.3	41.3
Confused or disoriented residents.	9	39.1	60.6	58.4
Residents with bed sores.	5	21.7	8.8	7.1
Residents receiving special skin care.	11	47.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN FRANCISCO COMM CONV HOSP

Street Address: 2655 BUSH ST	**City and State:** SAN FRANCISCO CA 94115

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 7	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	59.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	102	88.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	102	88.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	88.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	88.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	60.9	42.9	37.7
Completely bedfast residents.	9	7.8	3.8	3.4
Residents confined to chairs.	93	80.9	58.6	50.8
Residents requiring restraints.	80	69.6	45.3	41.3
Confused or disoriented residents.	93	80.9	60.6	58.4
Residents with bed sores.	9	7.8	8.8	7.1
Residents receiving special skin care.	9	7.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEQUOIAS THE

Street Address: 1501 POST ST BOX 7	**City and State:** SAN FRANCISCO CA 94109

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	38	90.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	35	83.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	88.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	26.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	20	47.6	58.6	50.8
Residents requiring restraints.	17	40.5	45.3	41.3
Confused or disoriented residents.	37	88.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHEFFIELD CONV HOSP

Street Address: 1133 S VAN NESS AVE	**City and State:** SAN FRANCISCO CA 94110

Participation: MEDICARE SNF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	32	97.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	32	97.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	97.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	69.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	39.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	32	97.0	58.6	50.8
Residents requiring restraints.	25	75.8	45.3	41.3
Confused or disoriented residents.	22	66.7	60.6	58.4
Residents with bed sores.	1	3.0	8.8	7.1
Residents receiving special skin care.	8	24.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANNE'S HOME

Street Address: 300 LAKE ST	**City and State:** SAN FRANCISCO CA 94118

Participation: MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	80.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	22	47.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	12	26.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	54.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	21.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	19.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	11	23.9	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	8	17.4	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	6	13.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST LUKES HOSP SNF/DP

Street Address: 3555 ARMY ST	**City and State:** SAN FRANCISCO CA 94110

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 26	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 14	**Medicaid Residents:** 3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	95.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	20	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	20	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	90.0	42.9	37.7
Completely bedfast residents.	3	15.0	3.8	3.4
Residents confined to chairs.	17	85.0	58.6	50.8
Residents requiring restraints.	15	75.0	45.3	41.3
Confused or disoriented residents.	15	75.0	60.6	58.4
Residents with bed sores.	8	40.0	8.8	7.1
Residents receiving special skin care.	8	40.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS HOSP & MEDICAL CENTER

Street Address: 450 STANYAN STREET	**City and State:** SAN FRANCISCO CA 94117

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 33	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 18	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	90.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	21	95.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	20	90.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	90.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	40.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	13.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	18.2	42.9	37.7
Completely bedfast residents.	2	9.1	3.8	3.4
Residents confined to chairs.	4	18.2	58.6	50.8
Residents requiring restraints.	3	13.6	45.3	41.3
Confused or disoriented residents.	4	18.2	60.6	58.4
Residents with bed sores.	3	13.6	8.8	7.1
Residents receiving special skin care.	3	13.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST. FRANCIS MEMORIAL HOSPITAL

Street Address: 900 HYDE ST	**City and State:** SAN FRANCISCO CA 94109

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 23	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 1	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	33.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	33.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	33.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNYSIDE VAN NESS CONVALESCENT HOSP

Street Address: 1218 SOUTH VAN NESS AVENUE	**City and State:** SAN FRANCISCO CA 94110

Participation: MEDICARE SNF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	96.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	28	96.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	26	89.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	79.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	41.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	14	48.3	58.6	50.8
Residents requiring restraints.	15	51.7	45.3	41.3
Confused or disoriented residents.	22	75.9	60.6	58.4
Residents with bed sores.	3	10.3	8.8	7.1
Residents receiving special skin care.	1	3.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
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